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# Colorado Child Welfare Organizational Structure and Capacity Analysis Project

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## Executive Summary

This report presents the results of the Colorado Child Welfare Organizational Structure and Capacity Analysis, conducted under contract with the Colorado Department of Human Services (CDHS). On April 16, 2008, Governor Bill Ritter, Jr. issued an Executive Order creating the Governor's Child Welfare Action Committee (Action Committee). The charge of the Executive Order was to provide recommendations to improve Colorado's child welfare system. The Action Committee's sub-committee on administrative structure commissioned this report. The analysis was conducted by Policy Studies, Inc. (PSI) and American Humane to determine the efficacy of child welfare services provided to children and families and to evaluate and provide recommendations related to the state/county service delivery structure, staffing, policy, and service delivery processes. Our assessment focused on the following items:

- The structure of the child welfare system
- The handling of levels of risk, complexity, and intensity of cases
- The various geographic and demographic characteristics of counties

## Issues Addressed

This report is intended to inform the Action Committee's final set of recommendations regarding the administrative structure that Colorado should adopt to support child welfare system reform. The issues addressed in this report include:

- The efficacy of Colorado's current state-supervised, county-administered child welfare system in protecting children
- The validity of enhancing and re-organizing the existing child welfare service delivery structure in Colorado to improve performance and outcomes
- The appropriate role of the state in day-to-day child welfare service delivery
- Mechanisms to ensure accountability for timely identification of threats to child safety, for effective service delivery, and for measurable client outcomes throughout the child welfare system
- The role of child welfare within the larger context of social service delivery in Colorado

## Key Findings

This assessment has generated a great deal of information that reveals various aspects of the strengths, challenges and opportunities in the current Colorado child welfare system. To organize this information and data into a framework that would best inform our recommendations for this report, PSI and American Humane have articulated three key findings that emerged from our analysis. Those key findings are:

1. **The state Child Welfare Division and the county child welfare offices are disconnected.** Both survey and interview respondents were consistent in their perception of the state Child Welfare Division (Division) as having only limited impact on county-level child welfare practice. We believe this sense of "disconnect" between the counties and the Division accounts for the counties' limited appetite for administrative change.



2. **County child welfare performance in Colorado is highly inconsistent.** While PSI and American Humane found a statistically consistent pattern of funding among counties for child welfare services, we found little to no consistency between funding levels and either county performance or safety and permanency outcomes for children and families. The lack of correlation among funding, agency performance, and child outcomes data strongly suggests that the variance is driven by decision making at the county level.
3. **Counties have unmet data management needs.** One of the dominant themes revealed in our analysis for this report<sup>1</sup> was related to data; specifically, the degree to which interviewees reported difficulty accessing and working with data in the TRAILS Statewide Automated Child Welfare Information System (SACWIS). Twenty-eight percent of survey respondents indicate that their counties employ a secondary data system to supplement TRAILS. The nature of these secondary data systems appear to be very broadly based—including some that overlap with standard SACWIS functionality—but the fact that counties are investing in these solutions indicates a structural insufficiency in the data management strategy for child welfare in Colorado, and calls for a review of the reporting and management information system (MIS) capabilities of TRAILS.

## **Colorado Needs Greater Consistency**

The three key findings described above reveal a theme in the Colorado child welfare system: **inconsistency**. PSI and American Humane believe that the lack of consistency in guidance from the Division, performance by the counties, and data management resources has made child welfare a “patchwork quilt” in Colorado, where the quality of a family’s child welfare experience is dependent on where they happen to live.

As part of the analysis for this report, PSI and American Humane have identified eight factors around which Colorado must achieve greater consistency in order to address performance issues identified in the federal Child and Family Service Review (CFSR) and improve its ability to secure the safety, permanency, and well-being of children in the state. These factors, which are the basis for our administrative structure analysis (see below), include:

1. **Safety and Risk Assessment**
2. **Fair Access to Services**
3. **Performance Assessment**
4. **Outcomes Monitoring**
5. **Quality Assurance and Improvement**
6. **Collaboration**
7. **Resources**
8. **Data Usage**

**“If we had one thing to share with other states, it would be to find a way to meet outcomes. Don’t worry too much about how the work gets done by others. Structure your providers’ agreements so that they are accountable to meet outcomes.”**

**- Child Welfare Administrator in Privatized System**

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<sup>1</sup> Similar themes were revealed in interviews with Child Welfare Division staff as part of the February 2009 *Organizational Assessment and Recommendations for Improvements to Colorado Child Welfare* report



## ***A State-Supervised, Regionally Administered Child Welfare System for Colorado***

PSI and American Humane recommend that the State of Colorado adopt a state-supervised and regionally-administered child welfare service delivery system. The specific structure of a state system is dependent on the needs of the state in question, so additional discussion must be held with all of the stakeholders in this process to ensure that a state-administered system meets the needs of Colorado’s varied and distinct communities. Moreover, the Action Committee and CDHS leadership must agree on a process to transition from the current county-administered system to a state-administered one; however, at a high level PSI and American Humane recommend the following:

### **Phase 1 – Regionalize the Functions of the Division**

PSI and American Humane recommend the Division adopt a regional structure, placing state employees in the field to provide direct support, technical assistance, monitoring, and resource facilitation to county-based social workers. While definition of the number and organization of regions is beyond the scope of this report—it should be the subject of a special project sponsored by the state—an example of how to begin categorizing regions might include:

1. Large counties operating as their own independent regions
2. State-run multi-county regions with a large county providing operational leadership for the region
3. State-run multi-county regions composed of urban, rural, and frontier counties, with a Division office established centrally within the region

### **Phase 2 – Integrate with Existing CDHS Administrative Functions**

Next, PSI and American Humane recommend that CDHS look at its existing Field Administration Division (FAD) as a model for regionalization of the Division, and possibly establish an agreement between FAD and the Division to co-locate services, establish working relationships with the counties, and work together on implementing an explicit practice model such as an expanded version of the Collaborative Management Program (CMP) within each region.

### **Phase 3 – Regionalize the Functions of All Social Service Delivery**

The Division should not “go it alone” with a system reform plan of regionalization and expect success. Child welfare is inherently dependent on the joint efforts of multiple social service modalities to meet the needs of its clients. For these reasons, PSI and American Humane consider regionalization of all CDHS services a condition of success for child welfare reform.

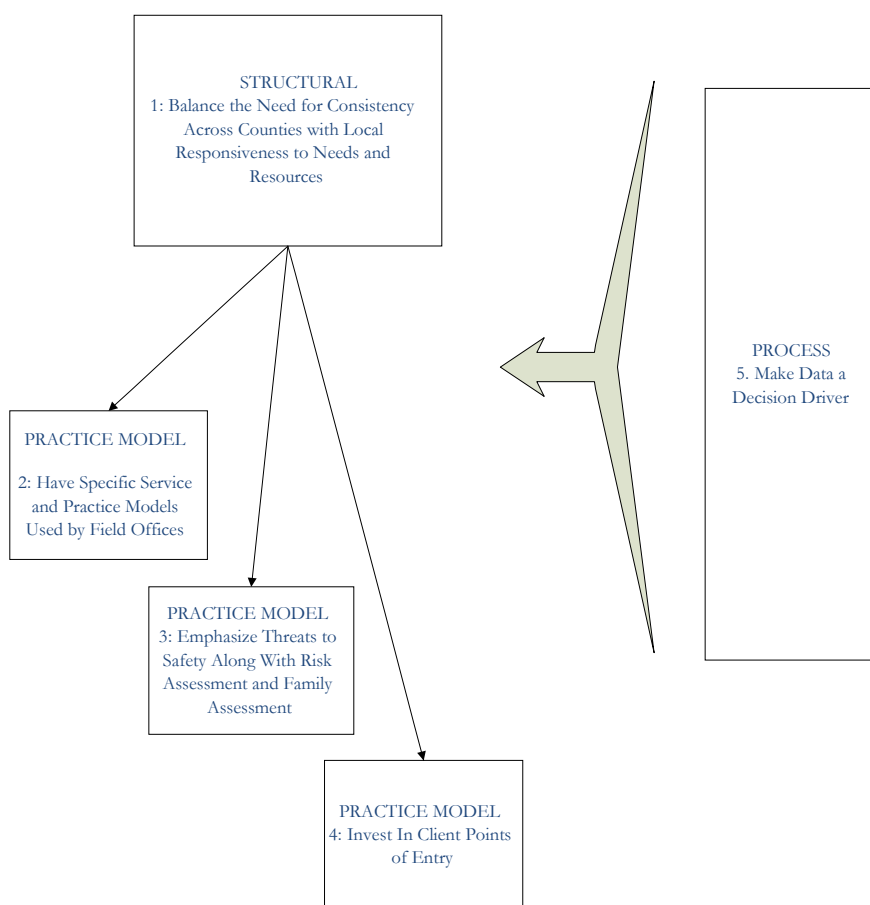
### ***Practice Recommendations to Support System Reform Success***

Undertaking the phases described above will take agreement and coordinated effort on the part of CDHS, the Division, county commissioners, city and county members, the Governor, State Legislature, and the local stakeholders and consumers of social services in Colorado. The following recommendations will provide the State with a set of concrete tasks to undertake, which will pave the way toward a better social service delivery system for all Coloradans. The recommendations are organized in three broad areas:

1. The principle **structural recommendation** addresses the degree of centralization of child welfare
2. Three **practice model recommendations** address priorities for consistency across counties which would be driven by collaborative values
3. The final **process recommendation** addresses decision support information

Conceptually, the practice model recommendations flowing from the principle structural recommendation, while data analysis informs the decisions related to the other four recommendations.

**Figure E. 1: Relationship of Practice Recommendations to Support System Reform Success**







## **Practice Recommendation 1: Balance Consistency with Responsiveness to Local Needs and Resources**

- Structural Recommendation
- Implement performance evaluation model based on System of Care principles
- Establish high-level performance and outcome measures for comparison across service delivery units
- Couple evaluation model with continuous quality improvement program, administered through regional offices

## **Practice Recommendation 2: Provide Specific Service and Practice Models for Use by Field Offices**

- Practice Model Recommendation
- Define the principles, standards, strategies, methods and tools that all service delivery units are expected to employ
- Articulate practice models at State level; administer through Regional offices
- Provide resources and support for multi-agency collaboration efforts similar to HB 1451

## **Practice Recommendation 3: Emphasize Threats to Child Safety along with Risk Assessment and Family Assessment**

- Practice Model Recommendation
- Enforce use of existing safety, risk, and reunification assessment tools in every Colorado CPS case
- Provide monitored, on-the-job training in assessment to all new workers
- Conduct periodic evaluations of the accuracy of assessments for all social workers
- Develop specialized training in evaluating risk and threats to safety for non-CPS workers

## **Practice Recommendation 4: Invest In Client Points of Entry**

- Practice Model Recommendation
- Distribute and train explicit screening decision criteria
- Collect descriptions of presenting issues
- Enforce assessment of risk and threats to safety
- Facilitate timely pass-through of assessment information to case decision makers
- Support differential response
- Address high turnover rate among hotline and intake workers

**“There is no cookie cutter approach. Each answer needs to be personalized to meet the unique needs of each state’s child welfare system.”**

**- State Child Welfare Administrator**

## **Recommendation 5: Make Data a Decision Driver**

- Process Recommendation
- Aggressively pursue funding to modify TRAILS data entry interface and reporting capacity
- Enhance management information system (MIS) capacity of TRAILS to meet service delivery unit needs
- End second-system proliferation by incorporating needed functionality into TRAILS
- Create authority to manage MIS for service delivery units





## **Chapter 1: Introduction**

On April 16, 2008, Governor Bill Ritter, Jr. issued an Executive Order creating the Governor's Child Welfare Action Committee (Action Committee). Since the protection of children is the responsibility of many parties, the members of the Action Committee were selected based on their geography, experience, diversity and the knowledge required to address the challenges of the child welfare system. The Action Committee began meeting in July 2008. The charge of the Executive Order was to provide recommendations on how to improve Colorado's child welfare system. On February 21, 2009, CDHS released a request for a documented quote soliciting a vendor to conduct a statewide child welfare organizational structure and capacity analysis. The identified purpose of the study was to determine the efficacy of child welfare services provided to children and families and to evaluate and provide recommendations related to the efficacy of child welfare services provided to children and families and to evaluate and provide recommendations related to the state/county service delivery structure, staffing, policy, and service delivery processes. The study was required to consider the following:

- The structure of the child welfare system
- Levels of risk, complexity, and intensity of cases
- The various geographic and demographic characteristics of counties

In March 2009, PSI and American Humane were awarded a contract to complete the above specified work, as well as recommendations for efficiencies and policy improvements to optimize outcomes for children and families (including recommendations for potential structural changes to the system.)

### ***Colorado Child Welfare Administrative Structure***

The Division of Child Welfare Services is located within the Department of Human Services, Office of Children, Youth, and Family Services. It consists of a group of services intended to protect children from harm and to assist families in caring for and protecting their children. Taken together, these programs comprise the main thrust of Colorado's effort to meet the needs of children who must be placed or at risk of placement outside of their homes for reasons of protection or community safety. The Division is intended to provide leadership, supervision, technical support, and public/legislative advocacy to each of the 64 Colorado county departments of human/social services. This responsibility includes monitoring and enforcing compliance with fiscal and programmatic requirements set by the State Legislature and federal authorities.

The operational priorities of the Division are to generate public policy, support research-informed practice, and strengthen partnerships that promote safety, well-being, and permanency for children, youth, and families. The Division is responsive to external and internal stakeholders to ensure efforts are seamless, transparent, and supported by resources, funding, and expertise. This includes the ability to develop consistent, accurate data and research capabilities.

In the state-supervised/county-administered system, local county child welfare services are implemented through local authority via the county commissioner's/city and county offices. These offices are responsible for appropriating matching funds for administration of child welfare programs and staff (the remaining funds being provided by state and federal sources), and are responsible for compliance with all relevant federal and state statutes, rules, and regulations regarding child welfare administration and service delivery.



The relationship between the state and county government is a delicate balance requiring a sound structure that promotes effective communication, planning, monitoring, coaching, technical assistance, and collaboration. A shared vision and mission with clearly defined attainable goals and a sound plan strategically designed to align efforts is critical to the success of county and state child welfare services.

## **Objectives of the Project**

As stated above, the purpose of this study is to determine the efficacy of child welfare services provided to children and families in Colorado and to evaluate and provide recommendations related to the state/county structure, staffing, policy, and service delivery processes. To fulfill these requirements, PSI and American Humane designed a project that combined primary data collection, literature review, and analysis of recent performance measures applied to the Colorado child welfare system. Our objectives for this project included:

- Highlighting the strengths and challenges of the current Colorado child welfare system;
- Comparing the strengths and challenges of Colorado to other, similar systems in other states; and
- Recommending an appropriate child welfare system structure to meet the needs of Colorado's children and families.

To achieve these objectives, we begin by reviewing the current Colorado child welfare system. Following that, we provide an overview of child welfare systems in other, comparison states, highlighting both strengths and challenges in different types of child welfare systems.

## **Research Methodology**

Four procedures were used to collect data for this organizational assessment:

1. Review of existing documentation and data sets on the current structure and performance of the Colorado child welfare system, including federal (AFCARS, NCANDS, CFSR, etc.) and local (*Child Maltreatment Fatality Report*, *Action Committee Interim Report*, etc.). Where outside sources are used in this report, their appropriate citation is included in footnote form or in the body of the text.
2. Execution of two, electronically administered surveys in all 64 counties in Colorado. The first survey was administered to all county child welfare staff, and the second was administered to county commissioners/city and county offices.
3. Execution of face-to-face interviews using a structured protocol. These interviews were conducted with child welfare staff, judges, and external stakeholders. These interviews took place on site in nine different counties across Colorado. Counties participating in the interviews were selected by the Governor's Child Welfare Action Committee, and were chosen to reflect different regions and sizes of counties in Colorado.
4. Review of organizational structure and effectiveness of other state child welfare systems across the United States. This included literature reviews as well as phone interviews with child welfare directors and/or commissioners from several different states.



## County Child Welfare Operations Survey

In May 2009, PSI and American Humane developed and electronically administered a survey to all county child welfare staff in all 64 counties in Colorado. The survey was open to respondents for a two-week period, after which time the survey was closed and no additional responses were accepted. A total of 213 respondents participated in the all-staff survey. The survey questions can be found in Appendix A of this report, while the aggregated responses to the survey can be found in Appendix B.

The intent of the survey was to understand the degree of satisfaction that county child welfare workers have with the current system, including their relationship with state-level entities such as the Division, ARD, and the State Board of Human Services, as well as other county child welfare agencies. The survey was designed using a standard perception-analysis framework, in which series of multiple-choice questions with overlapping content establish levels of respondent perception, attitude, opinion, and level of interest (PAOI) regarding the subject of the survey. Content for the survey was created by PSI and American Humane in conjunction with the Governor Ritter's Child Welfare Action Committee, sub-committee on Administrative Structure, focusing on the following issues:

- **Information Sources** – To what degree do county child welfare workers trust state information sources, including TRAILS?
- **Communication** – To what degree do county child welfare workers perceive communications from both state and local sources as timely, accurate, and effective?
- **Hotline** – In their opinion, does the county have the staff, resources, and procedures necessary to run an effective hotline? Should an entity other than the county run the hotline?
- **Service Delivery** – What services are currently provided in the county, who provides the services, and should service delivery be operated at a higher level than the county?
- **Decision Making** – To what degree do county case workers use outside resources to guide their policy and practice decisions, and for what case functions?
- **Action and Results** – How satisfied are county case workers with service coordination, permanency services, and policy technical assistance? Also, what outcome measures to they consider most important to capture, process, and report from a county level?
- **Human Resources** – Are county staff satisfied with the process of staff recruitment and retention in their county?

An analysis of the responses from both surveys revealed key themes within every category of questions. Details on these key themes can be found in Chapter 2 of this report.

## Colorado Counties Statistical Indicators

Demographic, economic, child abuse, and child welfare data were assembled for all 64 Colorado counties from various sources, as noted below.

- Colorado Department of Human Services
- Child Welfare Services Division, Colorado Department of Human Services



- Colorado Central Registry, Colorado Department of Human Services
- Colorado Department of Health Care Policy and Finance
- Colorado Department of Public Health and Environment
- Health Statistics Section, Colorado Department of Public Health and Environment
- U.S. Bureau of Economic Analysis
- U.S. Bureau of Labor Statistics
- U.S. Census Bureau
- USDA, Economic Research Service

Our cross-county data analysis resulted in 43 variables. Child population size was chosen as the basis of understanding different indicators across counties, and transforming counts into a rate per 1,000 child population allows for direct comparison across counties. The complete County Demographic and Child Welfare Performance Indicators can be found in Appendix E of this report, and a further discussion of the data can be found in Chapter 2 of this report.

## Individual County Staff & External Stakeholder Interviews

Interview protocols were constructed based upon a criterion for the National Association of Public Child Welfare Administrators (NAPCWA) standards of child welfare program administration. Separate protocols were developed for county staff, judges and external stakeholders. These protocols were reviewed with State child welfare leadership prior to use and are presented in Appendix C. Interviews were conducted throughout the month of May and first weeks of June 2009.

PSI and American Humane conducted 59 interviews. Twenty-six of those interviews were group format, with between three and eleven participants in each group. Nearly all interviews that were conducted with child welfare staff were in a group format to maximize the time allotted for each site visit. Interviews generally lasted for one hour though some went longer. The figure below presents the number of interviews with the different types of interview format and respondents.

**Figure 1. 1: Interview Participation Analysis**

Respondent Type	Individuals	Groups
Staff	2	17
Administrators	15	6
Judges/External Stakeholders	15	4

The interviews were qualitative in nature. Respondents provided open-ended answers to the questions and probes. Minimal effort was made to guide the responses beyond encouragement to stay on the topic of the question being asked. Respondents were also encouraged to elaborate on their answers when necessary. The interviewer—or note taker—recorded the answers in a summary way, capturing as many quotes as possible. Interviewers reflected recorded information back to the respondent to get agreement on the accuracy of what was recorded.



PSI and American Humane developed a set of coding categories to reflect themes of interest that emerged from the interviews (e.g., perceptions about economic pressures on service delivery, TRAILS, and program and practice issues) and themes that became salient in the interviews (e.g., state policy, interactions with community partners, and staff caseload and retention issues). These themes, presented in full in Chapter 2, were the structure for coding of interview summaries.

Eight coders reviewed all of the interview summaries. Using a statistic of inter-rater agreement called Cohen's Kappa, the level of agreement between interviewers as to the presence of themes in an interview was assessed. Agreement among interviewers was based their indication that a particular theme was either present or not present in the interview. Agreement was determined between two paired interviewers at a time. There were four pairs for each of the eight interviewers. Initial coding reached acceptable levels of inter-rater agreement on five out of six codes.

One interview topic—Economic Issues—was infrequently coded. In part due to the low frequency of the theme, it did not reach statistically significant levels of agreement between coders. As a result of the lack of emphasis placed by county staff and external stakeholders on this issue, a limited number of quotes were pulled from the theme, without re-coding to improve inter-rater agreement. A table with all of the interview theme codes and their definitions is included in Chapter 2 of this report.

Two statistics were obtained for each theme. The first—extent of shared theme—was measured by the number of interviews in which a respondent said something that a coder identified as a theme. The second—weight of shared theme—was measured by the number of times statements pertaining to a theme were made by respondents across all interviews.

Analysis of the interviews revealed six primary themes: State (Division), Inter-agency Interactions, Public-Community Interactions, Staffing, Data, and Economy. All six of these themes were present in county staff interviews, while three of the six themes— State, Inter-agency Interactions (exclusively court-related), and Staffing—were present in external stakeholder interviews. Details on these primary themes can be found in Chapter 2 of this report.

## **Other State Comparisons**

Nationally, the administration and supervision of child welfare services is provided in four organizational structures; privatization, state-supervised and administered, state-supervised and county-administered, and a hybrid of state-supervised/state-administered and partial state-supervised/county- or regional-administration.

Currently, two states have privatized child welfare systems: Florida and Kansas. Thirteen states (including Colorado) are state-supervised and county-administered. Thirty two states are state-supervised and administered, and two states—California and Nevada—use a hybrid model of state, regional, and local involvement in direct child welfare services. In reviewing the literature on the various systems, PSI and American Humane discovered great variability among states' child welfare service delivery, even when they operated under the same type of framework. Moreover, no national standards have been established to guide child welfare service delivery in any of the four accepted system frameworks. To gain a better perspective regarding the similarities and differences between various child welfare structures several states were chosen to examine, including:



- Nevada (hybrid system)
- Kansas (privatized)
- Washington (state supervised/administered/regionalized)
- Indiana (state supervised/administered)
- Minnesota (state supervised/county-administered)
- Nebraska (state supervised/administered)
- Texas (state supervised/administered/regionalized)

PSI and American Humane reviewed these States' websites and annual reports for the following data: organizational structure of human services and/or child protective services, services offered to children and families, and strengths and challenges of their respective child welfare systems. In addition, we conducted phone interviews with high-ranking child-welfare administrators in four comparison states. A detailed description of the comparison states' child welfare systems is included in Chapter 2 of this report.

## **Administrative Structure Analysis**

In Chapter 3 of the report, we undertake an analysis of the strengths and challenges inherent in Colorado's state-supervised, county-administered child welfare system, and then compare the strengths and challenges to those inherent in the three other major child welfare structures. From this analysis, we will offer a recommendation for a revised administrative structure that is most appropriate for Colorado to achieve its goals of improved operational efficiency, service efficacy, and outcomes for children and families.

## **Organization of the Report**

This report is organized for ease of use and clarity of information flow. The intention of the report is to be comprehensive in information and detail; to be useful in reflecting on organizational strengths, challenges, infrastructure, and climate; to provide recommendations that support increased organizational cohesion and effectiveness; and to identify both available and necessary resources to help realign child welfare. As a result, the report has been organized in the following manner:

**Executive Summary** introduces the project and the Colorado child welfare system structure, and highlights key recommendations for child welfare system reform. The executive summary is followed by a series of five chapters, each with a specific frame of reference.

**Chapter 1** provides the statement of need and objectives for this project and describes the methodology employed in undertaking this review and analysis.

**Chapter 2** focuses on performance assessment, including criteria for judging success. It identifies the reports, tools, and measures to evaluate success specific to the State of Colorado. It also provides insight to how similarly organized child welfare systems in other states are structured.

**Chapter 3** describes the current organizational environment within the Colorado child welfare system, and then analyzes that system regarding its strengths and challenges. The chapter then provides a comparative





analysis of the strengths and challenges of the three other major child welfare system designs, and makes a recommendation for system redesign in Colorado.

**Chapter 4** introduces a series of recommendations aimed at helping the Colorado adopt an operational system and a model of practice that will achieve better outcomes with children, youth, families, community supports and counties.

Finally, **Chapter 5** provides a set of next steps to move from conceptualization to implementation of the possibility of a new and better child welfare organization.





## Chapter 2: Assessment of County Child Welfare Operations

Four procedures were used to collect data for this organizational assessment:

1. Review of existing documentation and data sets on the current structure and performance of the Colorado child welfare system, including federal (AFCARS, NCANDS, CFSR, etc.) and local (*Child Maltreatment Fatality Report, Action Committee Interim Report, etc.*). Where outside sources are used in this report, their appropriate citation is included in footnote form or in the body of the text.
2. Execution of two, electronically administered surveys in all 64 counties in Colorado. The first survey was administered to all county child welfare staff, and the second was administered to county commissioners/city and county offices.
3. Execution of face-to-face interviews using a structured protocol. These interviews were conducted with child welfare staff, judges, and external stakeholders. These interviews took place on site in nine different counties across Colorado. Counties participating in the interviews were selected by the Governor's Child Welfare Action Committee, and were chosen to reflect different regions and sizes of counties in Colorado.
4. Review of organizational structure and effectiveness of other state child welfare systems across the United States. This included literature reviews as well as phone interviews with child welfare directors and/or commissioners from several different states.

In the sub-sections that follow, we provide detailed descriptions of the information collected through our survey, interview, and comparison state review procedures. In Chapter 3 of this report, we use the results of our documentation and data review to conduct an administrative structure analysis of the current Colorado child welfare system and make recommendations for adoption of a new system.

### **County Staff Survey Results and Analysis**

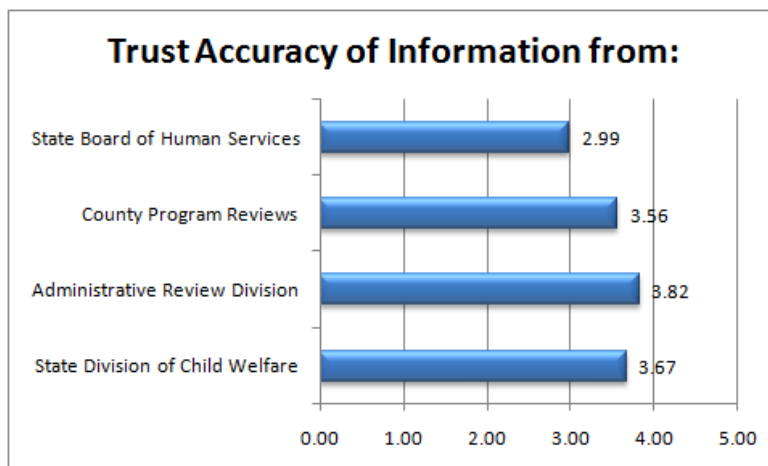
PSI and American Humane received 213 responses to the all-county-staff survey, while it is not a statistically significant sample, it still provides meaningful insight into the perceptions, attitudes, opinions, and interests of county staff regarding the current structure of the child welfare system in Colorado (including their degree of interest in reform to the system.) All seven categories of questions posed to county staff by the survey contained themes of significance to this report. Each of those themes, organized by category of question, is described in the sub-sections below.

### **Information Sources**

**Trust**—Data from the survey, shown in the figure below, indicates that a majority of county staff trust the information that they receive from the Division. This is a stronger level than expected given the anecdotal information provided by interviewees for this report, regarding their perceived lack of support from the Division with technical assistance. Such a response suggests county child welfare staff would readily accept greater levels of technical assistance and support from the Division on policy and best practice issues, if not actual control over service delivery.



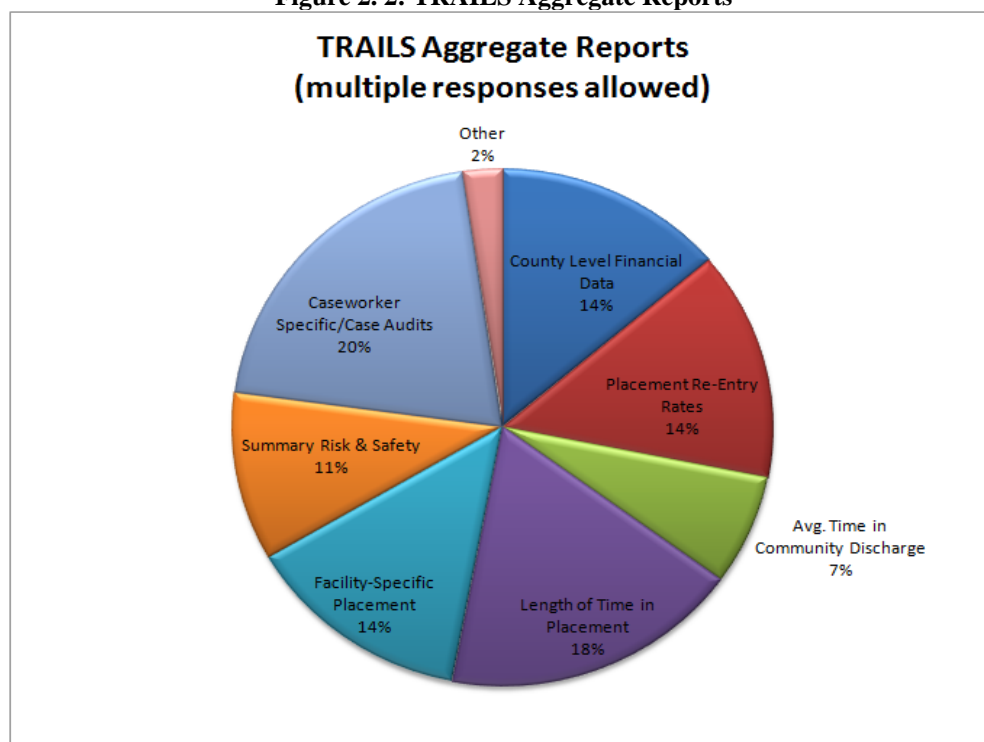
Figure 2. 1: Trust in Accuracy of Information



It is worth noting, however, that information from ARD was identified as the most trusted among the four information sources named in this question. Approximately 10% more respondents strongly agreed that information from ARD is trustworthy than information from the Division.

**Use of TRAILS**—A majority (63%) of respondents indicated they their county generates aggregate or trend reports based on data from TRAILS, with the most common being caseworker specific reports (17.5%), time-in-placement reports (16%), and placement re-entry rates (12.8%).

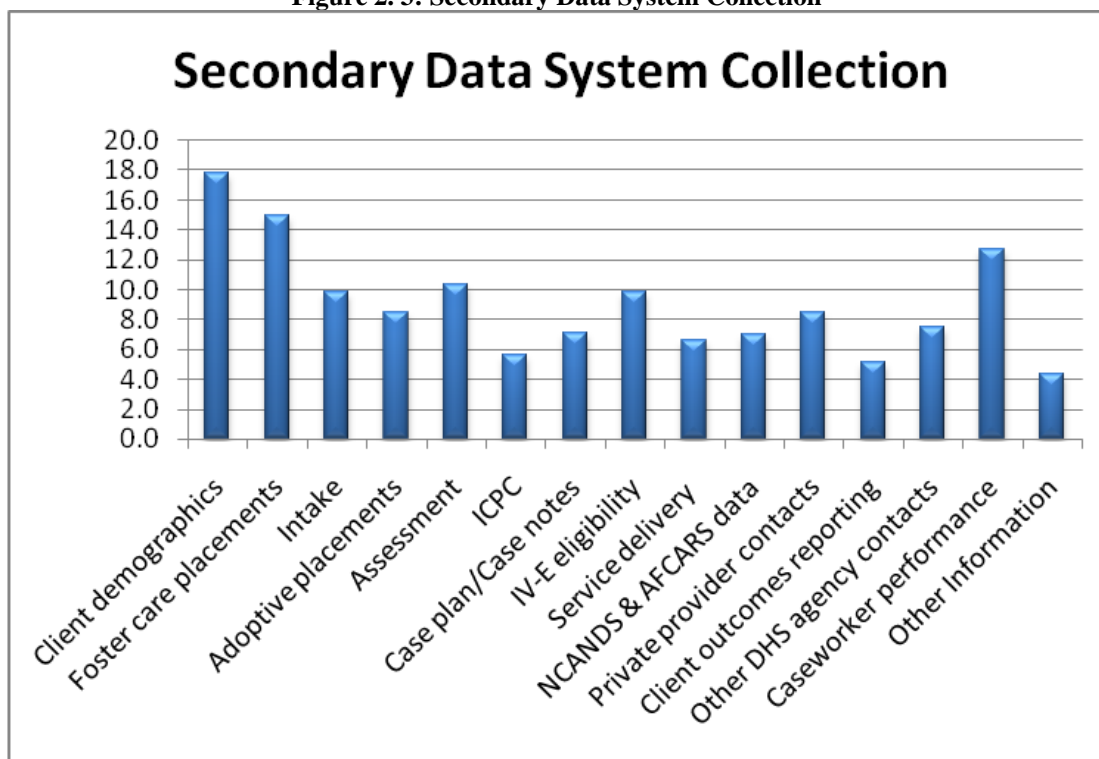
Figure 2. 2: TRAILS Aggregate Reports





PSI and American Humane did not evaluate other states' rates of information-service use from SACWIS for this report; however, we perceive the counties' current use of reporting from SACWIS as low. Information from the interviews for this report, as well as information gathered by this team for the 2009 *Organizational Assessment and Recommendations for Improvements to Colorado Child Welfare* report, provides possible reasons for this low level of use. Those reasons include county staff perception that the TRAILS reporting function is difficult to operate and a mistrust of data entered into case records by data entry specialists<sup>2</sup>. Whatever the reason for mistrust of TRAILS, however, it has inspired at least 28% of the respondents' counties to develop and implement secondary data systems to supplement TRAILS, covering a wide variety of functions.

**Figure 2. 3: Secondary Data System Collection<sup>3</sup>**



PSI and American Humane note, with some curiosity, the even distribution of functions reported by users of secondary data systems. Our team had expected to find secondary systems developed to fill specific gaps in SACWIS functionality—IV-E eligibility tracking, for example—however the survey indicates a wide variety of casework functions being supported in these county-specific solutions, including SACWIS-required functions such as intake, assessment, and foster care. This survey result strongly indicates that counties are engaged in double work for data collection and reporting: one process to satisfy the compulsory requirements for TRAILS and one to meet their own reporting needs. While we assume that the adoption of secondary data systems by specific counties was a condition that developed over time, the very fact that it happened is symptomatic of a strong-county, weak-state system. Individual counties can innovate to address local needs, but lack of coordination with the State leads to a larger total IT burden (state expenditure on SACWIS plus local expenditure on secondary systems) and limits the overall system's ability to maintain data integrity.

<sup>2</sup> See the discussion of the interview theme “Data” later in this chapter for more details.

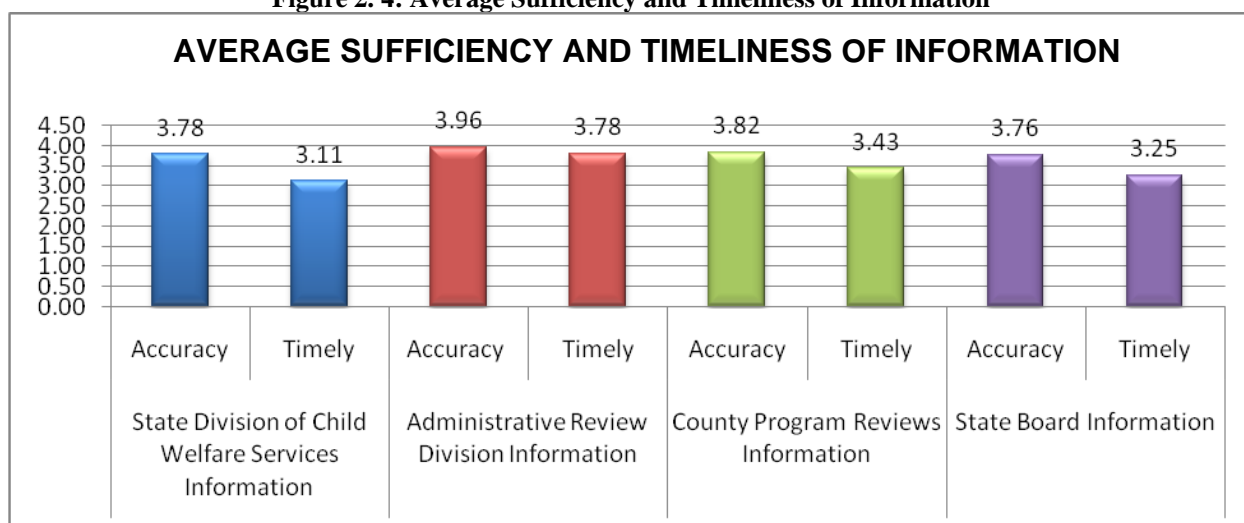
<sup>3</sup> Y-axis is percentage of 237 responses; multiple selections per respondent allowed for this question.



## Communication

**Sufficiency and Timeliness**—The figure below illustrates survey respondents’ opinions of the sufficiency of information provided, as well as the timeliness of its communication, by four primary sources: the Division, ARD, the county program reviews, and the State Board of Human Services. While ARD was perceived as the most accurate source of information communicated to the counties, it should be noted that the averages of all four sources were within 20 basis points of one another, suggesting that all sources are deemed to provide sufficient information to a similar degree. Less consistent were the average scores for the timeliness of communications with the counties: the averages of all four sources fell across a 67-basis-point range, with ARD scoring the highest degree of perceived timeliness (3.78 on a standard 5.0 Likert scale) and the Division scoring the lowest (3.11).

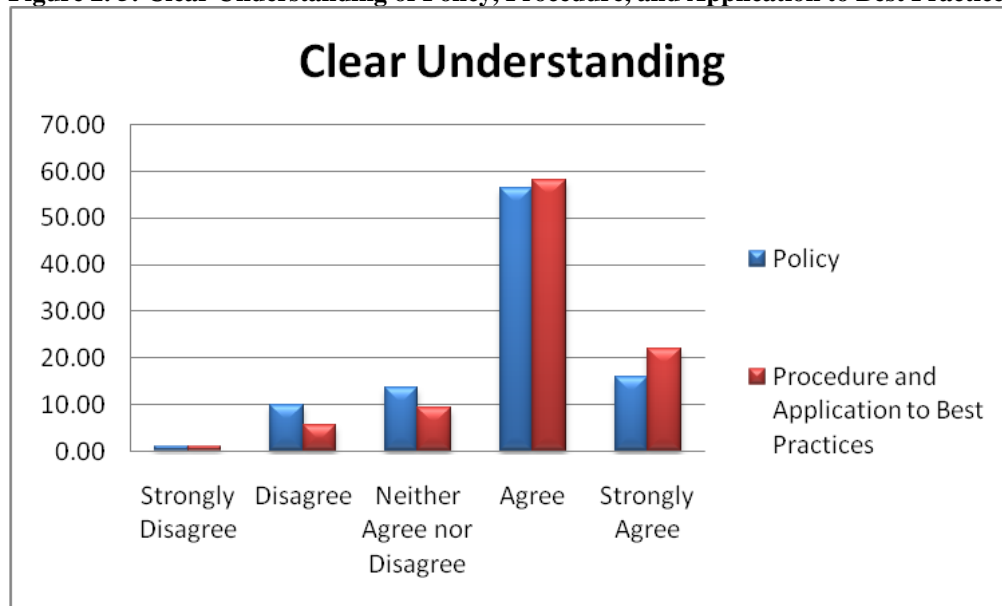
**Figure 2. 4: Average Sufficiency and Timeliness of Information**



**Comprehension:** The accuracy and timeliness data shown above is interesting as it relates to two additional items in the survey: levels of agreement with the statements “Child welfare workers [or administrators] in my county have a clear understanding of policy” and “Child welfare workers [or administrators] in my county have a clear understanding of procedure and how to apply best practices.” The response rates to both questions are shown in Figure 2.5 below.



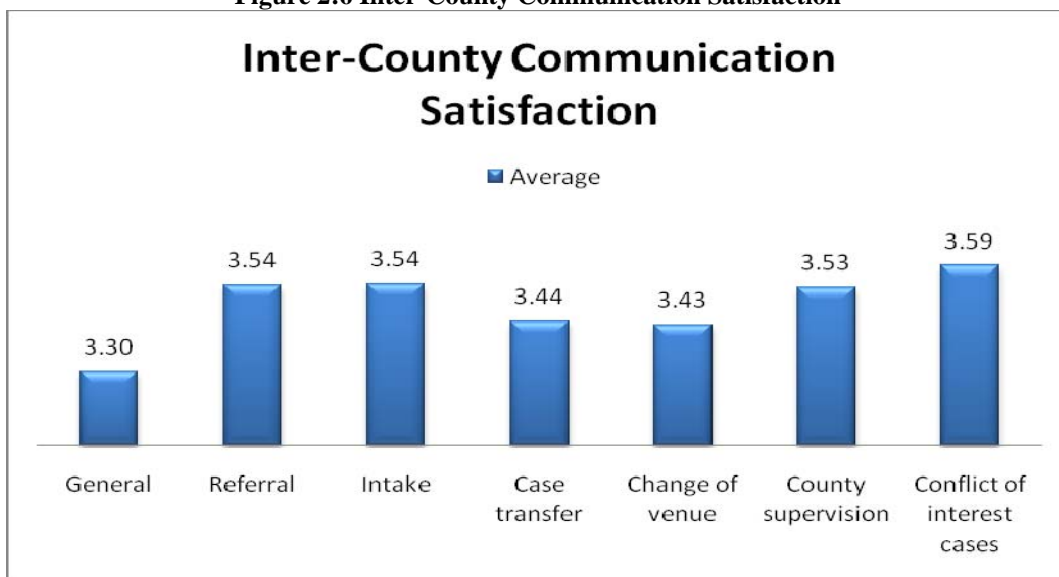
**Figure 2. 5: Clear Understanding of Policy, Procedure, and Application to Best Practices**



While a majority of respondents agreed with both statements, levels of agreement with the “policy” statement are at just more than 77% of respondents, while agreement with the “procedure and best practice” statement is moderately higher at 80% of respondents. These percentages correlate with the average “accuracy” rating of information communicated to counties across all four measured sources (77%). While PSI and American Humane are not suggesting that correlation implies causality, we do see a link between the perceived efficacy of communications from the state to the counties and the counties’ comprehension of policy, procedure, and best practice. By extension, we suggest that the State can make immediate inroads to improving county staff application of policy and best practice through more timely and accurate communication.

**Inter-County Communication:** When rating inter-county communication, respondents were most satisfied with conflict of interest cases, referrals, intakes, and county supervision. Respondents were least satisfied with general communication between the counties, but being as broad as this category is, it cannot be deciphered if this is due to the manner of communication, content of information received, timeliness or some other consideration. Case transfers and changes of venue, while not far behind the areas respondent were most satisfied with, is where the least satisfaction occurred between counties. These would be areas to look at for improvement in inter-county communication. Overall, survey respondents provided a picture of county communications that have some strengths but overall desire improvements to be made.

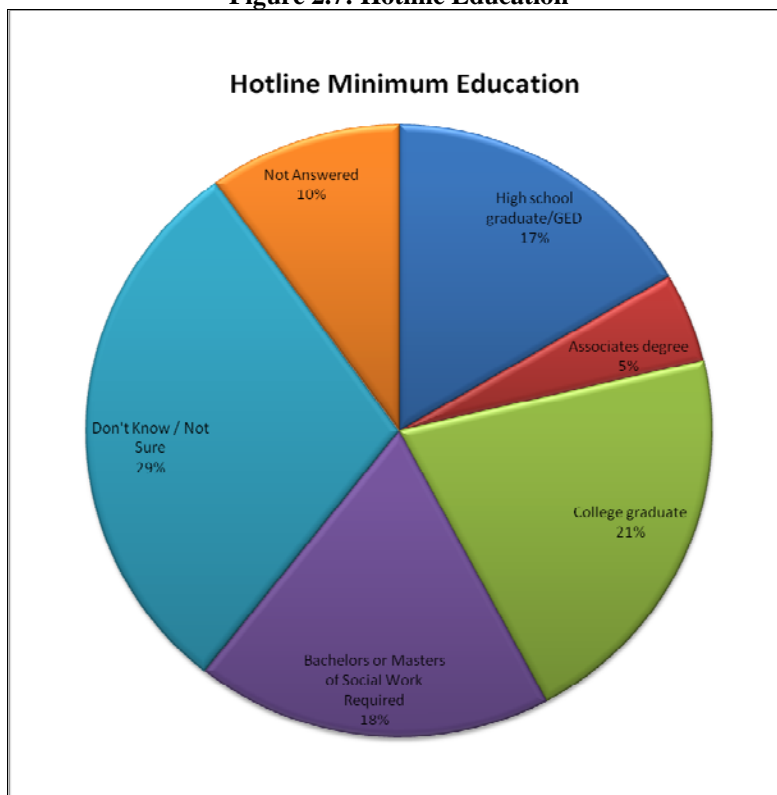
**Figure 2:6 Inter-County Communication Satisfaction**



## Hotline

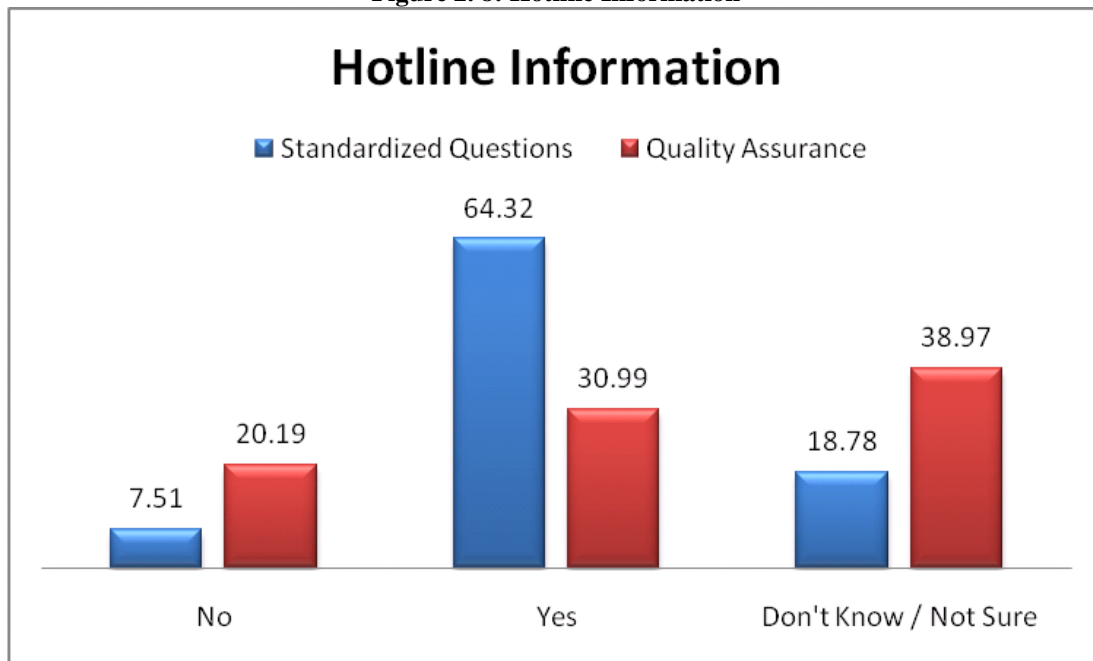
The figures below illustrates how responses to survey questions about county-operated CPS hotlines show not only marked variation in the staffing, phone scripts, and quality assurance for this service, but a surprising lack of general knowledge about how the hotlines operate.

**Figure 2.7: Hotline Education**





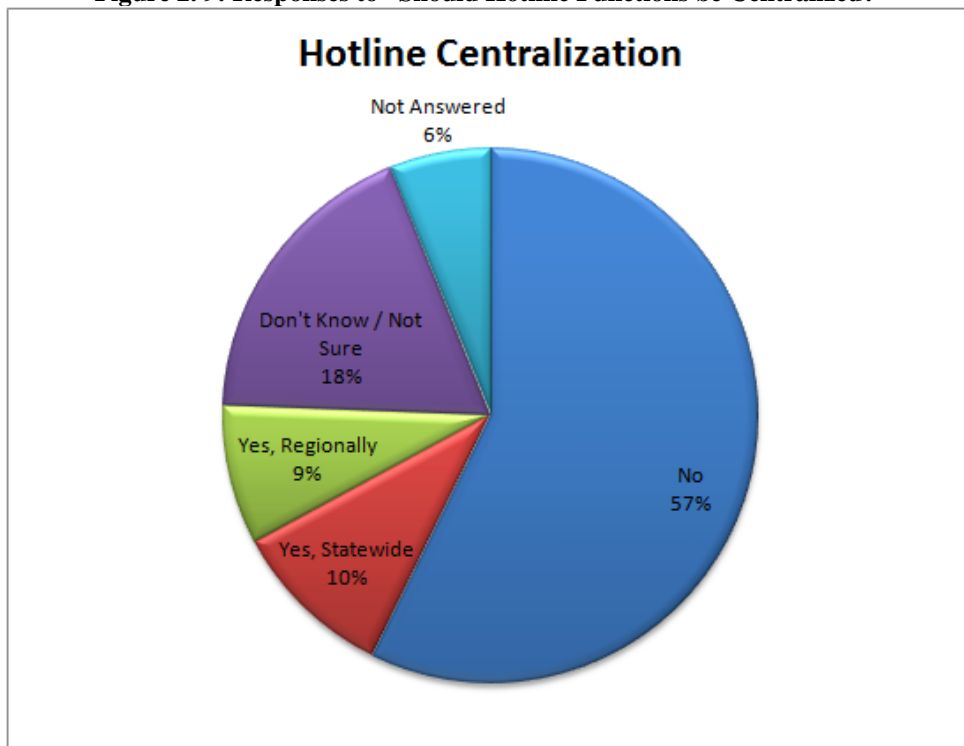
**Figure 2. 8: Hotline Information**



PSI and American Humane acknowledge that not all county child welfare staff will be intimately familiar with the workings of their hotline; however, we consider functional understanding of hotline procedures to be critical for all social service professionals involved in a child’s case. Workers, supervisors, and administrators alike should have a firm grasp on the basics of how allegation determination is made, so that appropriate assessment, service plan, and ongoing monitoring are provided to the case. In our opinion, the fact that 20% of survey respondents did not know if their county CPS hotline uses standardized questions with allegation callers, and that 40% of respondents did not know if their hotline has a quality assurance process, is inexcusably high.

We offer the above opinion in light of the overwhelming response from survey respondents that hotline should remain a county-based function (see below). Results from the survey correlate with comments made by participants in the interviews for this report, who indicated that a locally operated hotline allows county investigation workers to respond more quickly to a critical maltreatment situation than would a state- or regionally run hotline.

**Figure 2. 9: Responses to “Should Hotline Functions be Centralized?”**



PSI and American Humane see this preference maintaining a county-based hotline system as consistent with county commissioners’/city and county members’ stated preference to maintain most service delivery responsibilities at the county level (see Figure 2.15, below). This preference, however, is not a sufficiently compelling reason to forego centralizing the hotline, especially in light of the apparent lack of consistent standards applied to the staffing, service delivery, and quality control of this very important function. At the very least, the Division should publish minimum standards for hotline operation and performance, and make hotline evaluation a regular part of performance auditing for the counties.

## Service Delivery

As expected, the majority of services provided to children and families at the county level are delivered either by contract provider agencies or a combination of provider agencies and county child welfare staff. Respondents report high levels of county staff involvement in direct services such as individual counseling/therapy, family therapy (both 50% of total) and educational groups (61%), which may reflect limited resources available to smaller counties or a public/private team approach to service delivery. A number of services types, normally considered to be part of a complete child welfare service array, are limited in their availability. The table below shows the service types most frequently reported as not provided in survey respondents’ counties. Note that the 21.13% of answering respondents indicating that Medical Services are not provided are likely not addressing the availability of Medicaid; instead, this may reflect respondents’ opinion that specific medical services should be provided that are not covered by Medicaid, or that medical specialists needed by families and children in care are not available in their county. However, clarification for



respondents' position on this question was not requested, so the real reason for this high degree of “medical services” response to service types not provided is not known to PSI and American Humane.

**Table 2. 1: Top "Do Not Provide" Service Types**

<b>Service Type</b>	<b>Do Not Provide</b>
Recreational therapy (sports, yoga, etc.)	30.52%
Medical Services	21.13%
Legal Services	20.66%
Vocational Therapy	20.19%
Community Activities	18.78%
Special services (physical, occupational, speech)	12.65%

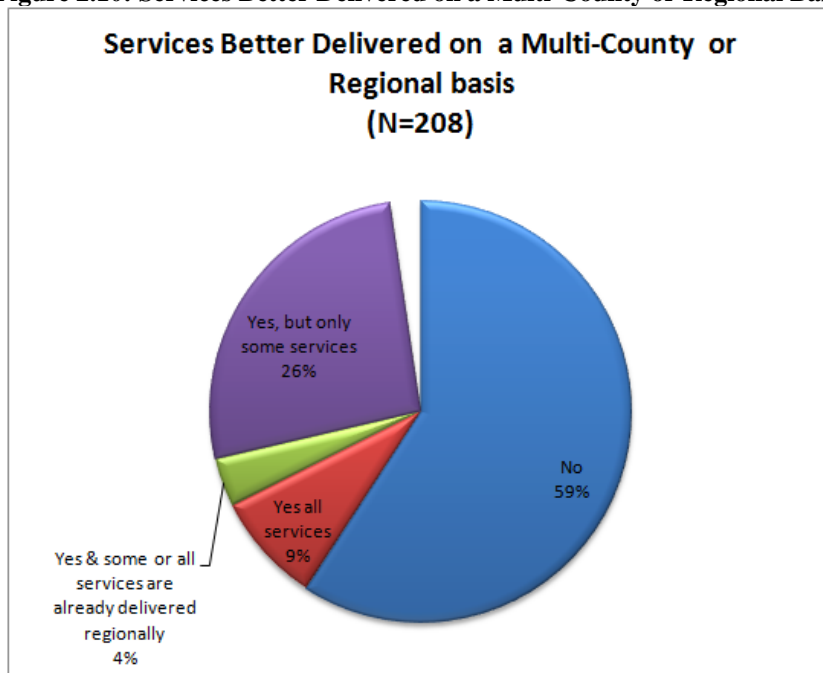
Perhaps more important are the services that respondents indicated their counties do not provide, but for which their clients have the greatest need. Responses to the survey question “In your opinion, what services does your county need that are not available?” indicate the greatest perceived need for mental health, substance abuse treatment, and placement services.

**Table 2. 2: Top “Needed, Not Provided” Service Types**

<b>Services Needed</b>	<b>Responses</b>
Therapeutic/Mental Health Services	28
Substance Abuse Treatment Services	22
Placement Option	21
More Funds for expansion	16
Developmentally Disabled Services	15
Sexual Abuse Services	13
Domestic Violence Services	11
Adolescent Placement & Respite	8
Parental Support	7
Community-Based Supports, Services & Resources	6

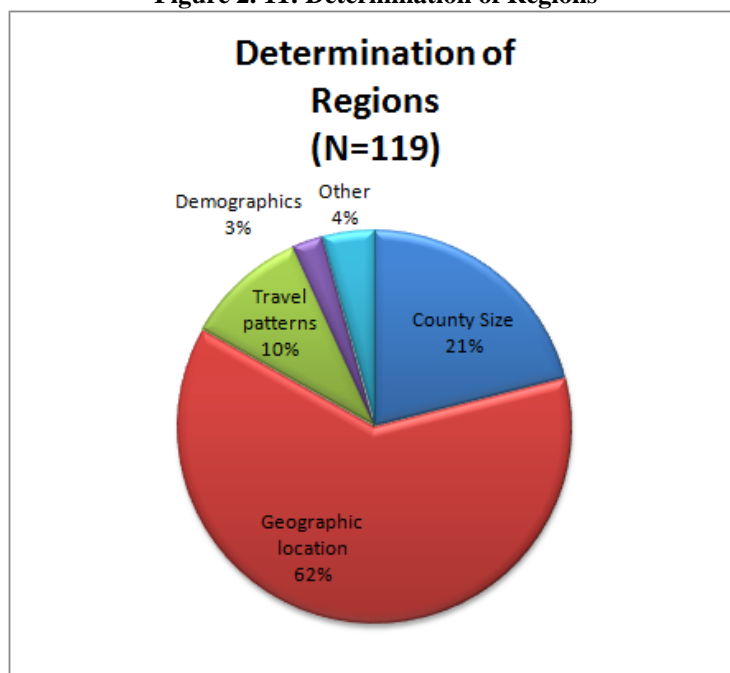
As for who should be responsible for service delivery, a majority of survey respondents disagreed with moving Colorado to a regional child welfare service delivery structure. The majority is not overwhelming (59%); however it is bolstered by opinions provided by interviewees for this report, who suggest that timeliness of service delivery and responsiveness to local needs are best achieved through the current county-based structure. Moreover, of the roughly 40% of respondents who were in favor of a regional system of service delivery, a majority of that subgroup (65% of subgroup; 26% of respondent total) felt that only certain services should be delivered regionally, while others—such as core child protective and placement services—should remain county-based.

**Figure 2.10: Services Better Delivered on a Multi-County or Regional Basis**



Among the 119 respondents that answered how services could be regionalized, the majority (62%) thought regions should be determined by geographic location, while almost 21% indicated that county size should determine regions. “Travel Patterns” was the third criteria, but it was endorsed by only 10% of respondents.

**Figure 2. 11: Determination of Regions**

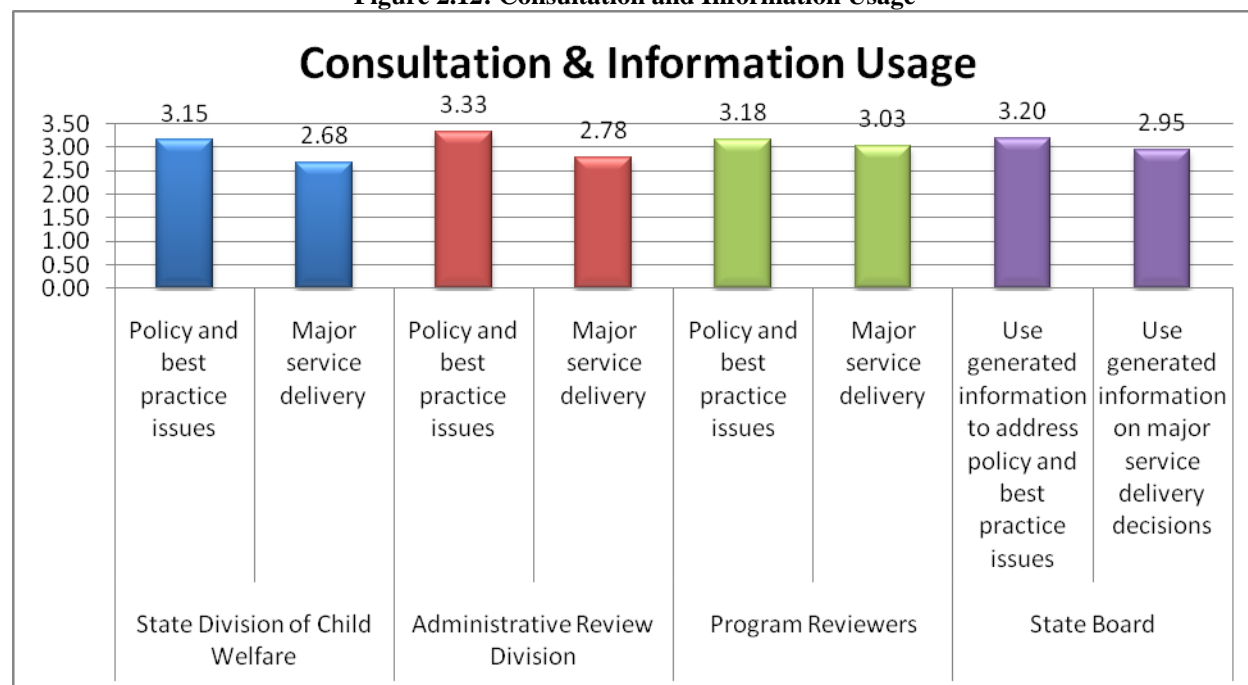




## Decision Making

In the survey, we also asked county staff whether they consulted any of our four standard sources—Division, ARD, Program Review, and State Board of Human Services—to guide their decision making in two categories: Policy and Best Practices, and Service Delivery. As expected, county staff reported that they were more likely to consult on the policy issues than practice issues (see below). Interestingly, and in what PSI and American Humane see as an emerging trend in this report, respondents were twice as likely to “strongly agree” that they consulted with ARD on policy issues, even though it is the official job of the Division to provide guidance and technical assistance in this area.

**Figure 2.12: Consultation and Information Usage**



Regarding formal communications processes between county child welfare and other entities/agencies related to child welfare service delivery, respondents showed moderate but consistent levels of communication with the six entities described in the survey, with the highest rates of formal communication existing with private service providers (20% average), behavioral health agencies (15% average), and the courts (22% average).

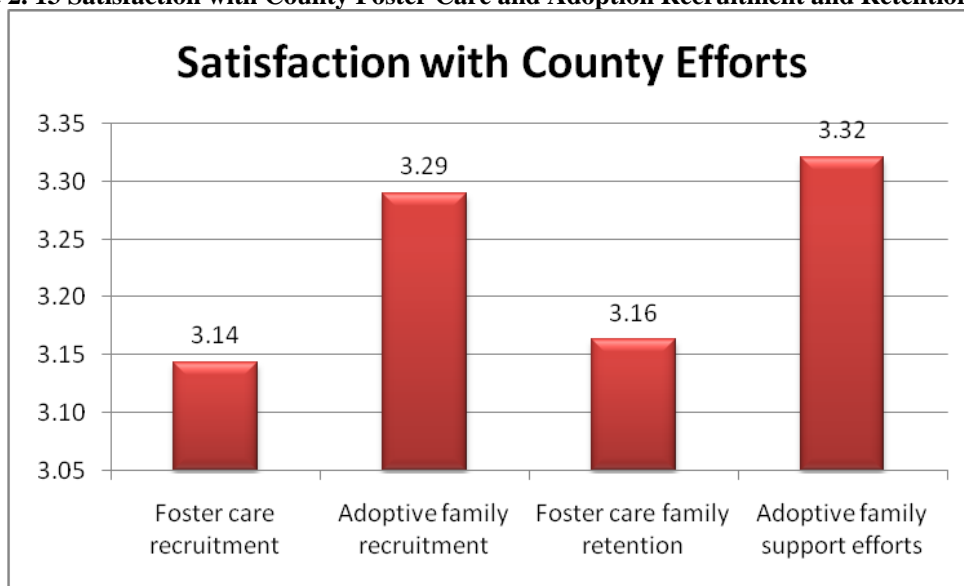
## Action and Results

County staff have somewhat mixed opinions about the strengths of their communications to each other, other agencies, resource families in the community, and regarding the importance of different outcomes they intend to achieve with the children and families they serve.

Regarding resource family recruitment and retention, respondents were generally positive about county efforts, though as the figure below illustrates, respondents expressed greater satisfaction with adoption efforts than foster care. Difficulties in finding and keeping families who work effectively with children in care who have special needs—including sibling groups, older children, and children with emotional, behavioral, and physical challenges—accounts for part of this gap, as does the limited per diem paid to foster parents to cover children’s expenses.



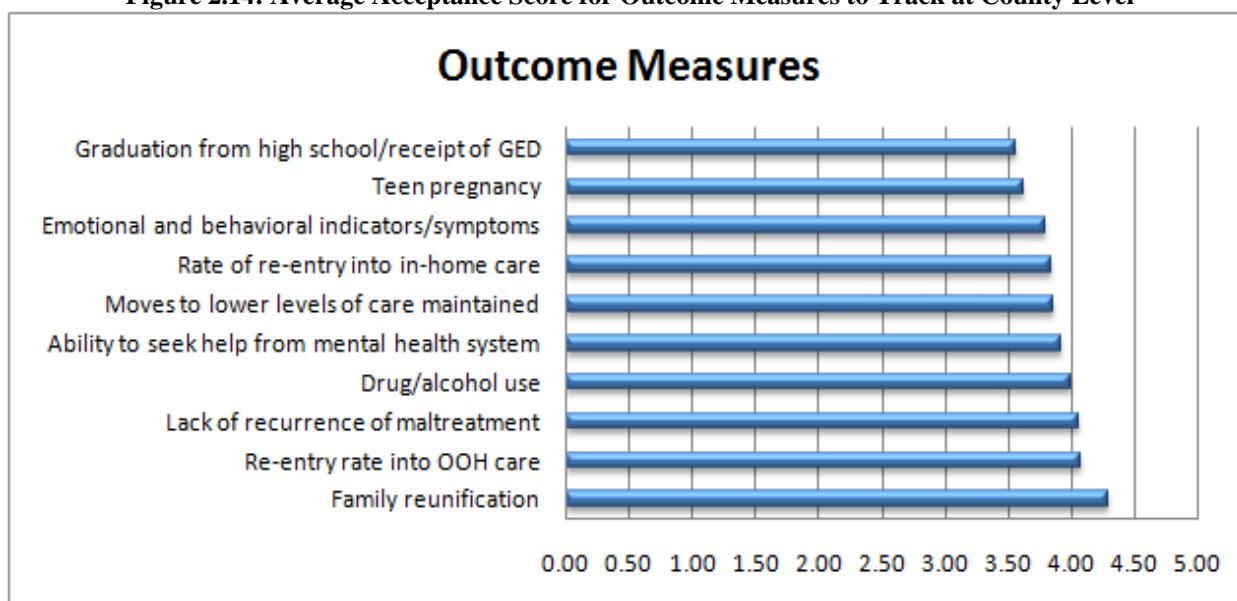
**Figure 2. 13 Satisfaction with County Foster Care and Adoption Recruitment and Retention Efforts**



Regarding outcome measures, respondents showed consistency in identifying the factors they considered most important to capture, process, and report on a county level. Evaluated by their average response score, the top five outcome measures in the survey were:

1. Family Reunification
2. Rate of Re-Entry into Out-of-Home Care
3. Lack of Recurrence of Maltreatment
4. Drug/Alcohol Use
5. Ability to Seek Help when Necessary from Mental Health System

**Figure 2.14: Average Acceptance Score for Outcome Measures to Track at County Level**





This list shows acceptance of a mix of outcomes that are directly attributable to agency activity (family reunification, rates of re-entry) and those attributable to long-term behavior change in the family (drug/alcohol, help from mental health system). Other agency-driven performance outcomes that had high average rankings are Rate of Re-Entry into In-Home Care and Movements to Lower Levels of Care are Maintained.

The preferred outcome measures remain fairly consistent when examined from the perspective of “extremely important” response scores. The five outcome measures receiving the highest percentage of this top score bracket include:

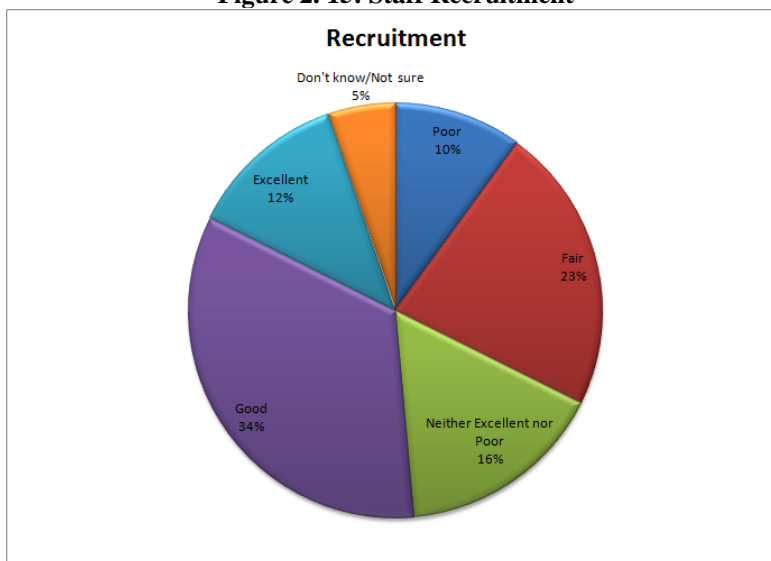
1. Family Reunification (47.4% response)
2. Lack of Recurrence of Maltreatment (38.5% response)
3. Rate of Re-Entry into Out-of-Home Care (35.2% response)
4. Ability to Seek Help when Necessary from Mental Health System (28.2% response)
5. Movements to Lower Levels of Care are Maintained (25.4% response)

PSI and American Humane interpret these responses as placing an appropriate degree of importance on both the performance factors over which child welfare agencies have direct control, as well as key behavior change factors—such as freedom from addiction and access to mental health supports—necessary for long-term family functioning. A combination of these identified outcome measures should be incorporated into a core set of reports that will be used to track child welfare service quality at the regional and county level. (See Chapter 4 of this report for more details.)

## **Human Resources**

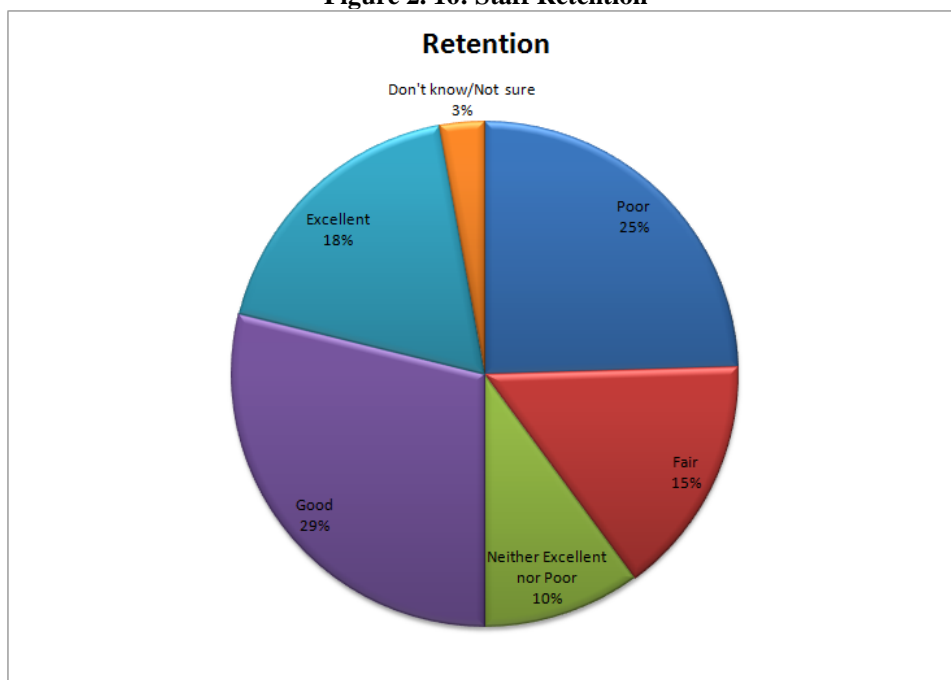
Regarding human resource activities at the county level, opinions reported by survey respondents suggest that counties are adequate at recruiting staff, but not as strong in retaining the staff they recruit. The figure below displays respondents’ perceptions on recruitment, and the following figure displays their perceptions toward retention efforts.

**Figure 2. 15: Staff Recruitment**



County specific information is not available due to a small number of responses from some counties, no responses from others and an agreement prior to the start of the survey that it would be statewide not county specific.

**Figure 2. 16: Staff Retention**



As the two figures above show, perceptions regarding recruitment and retention are polarized; the opinions do not trend toward the average, but reflect a split in attitudes about how well counties are performing. Please note that the polarization is more pronounced for retention than recruitment, with nearly one-quarter of respondents indicating that their county does a “poor” job at retaining staff.



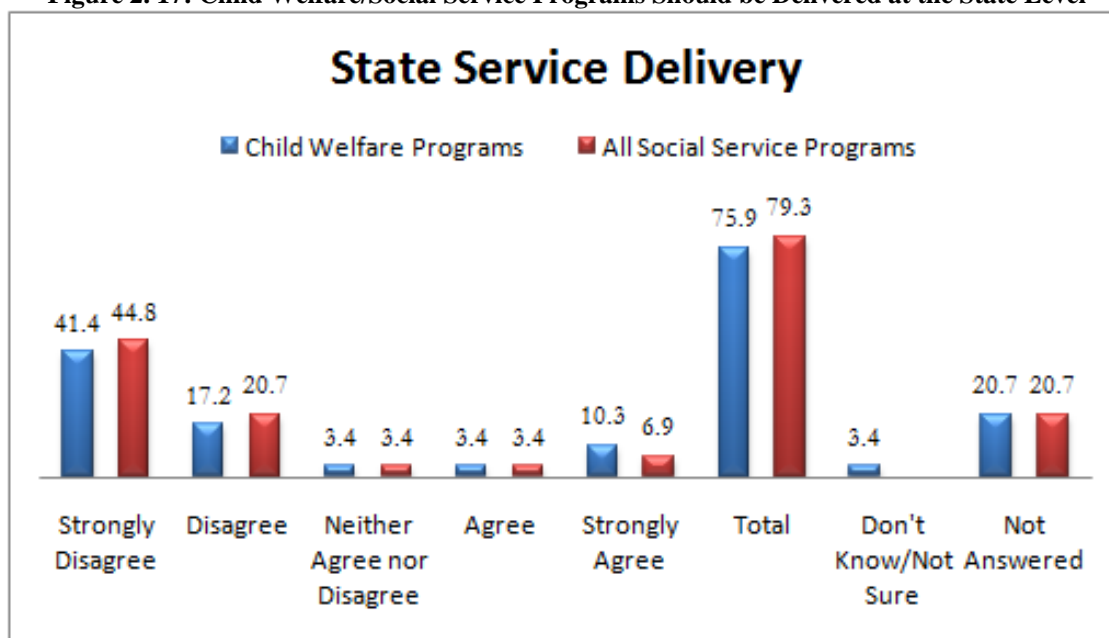


## County Commissioner/City and County Member Survey Results and Analysis

The County Commissioner/City and County Member Survey was sent to county officials in all 64 counties. The county officials included county commissioners, city and county members and 2 mayors, for a total of 217 individuals. Of the 217 surveyed, PSI and American Humane received 29 responses to the survey; this was a less robust response than PSI and American Humane were hoping for, but the responses still provide meaningful insight into the perceptions, attitudes, opinions, and interest of county commissioners/city and county members regarding the current structure of the child welfare system in Colorado and their degree of interest in reform to the system. Unlike the all-county-staff survey, this survey posed seven operational questions to county commissioners/city and county members about the potential impact of various scenarios on service delivery in their counties. The results of the survey are described in the sub-section below.

County commissioners/city and county members were not supportive of moving responsibility for service delivery to the state. The figure below shows the responding rejection of statements that child welfare and all social services should be run by the state, not the counties.

**Figure 2. 17: Child Welfare/Social Service Programs Should be Delivered at the State Level**



These strong responses against direct service delivery by the state do not, however, suggest outright rejection of increased state involvement. More than half of respondents either agreed with or strongly agreed with the statements that all county-run systems should use the same reporting standards for cross-county performance comparison (55.2% response) and that the state should have the power to mandate changes in county programs that fall out of compliance with expected performance standards (65.5%). These responses are consistent both with interview responses regarding State leadership collected for this report (see Interview Results and Analysis, below) and with the information presented in the February 2009 *Organizational Assessment and Recommendations for Improvements to Colorado Child Welfare*, calling for greater leadership on the part of the Child Welfare Division by building stronger relationships and providing more consistent and intensive technical assistance to the county programs.



One factor that may change county commissioners/city and county members' opinions around this issue is the economy: nearly 45% of respondents agreed with the statement that they would have to decrease their counties' existing levels of funding for child welfare service operations if the current economic downturn were to persist. Greater state participation in service delivery could temper this concern by helping to aggregate and distribute important but expensive resources, such as hotline and intake, for use across multiple counties (this would not eliminate budget fluctuations based on economic factors, however the responsibility for budget would belong to the state and not the commissioner/city and county, making child welfare less of a potential political liability for commissioners/city and county members). Please note that this is not likely to be a cost-saving factor for larger counties with existing infrastructure and a high-volume need for services, but could be a solution for smaller counties with fewer resources available.

### ***Colorado Counties Statistical Indicators***

In order to take into account the similarities and difference across all 64 counties in Colorado, PSI and American Humane assembled demographic, economic, child abuse, and child welfare data for all counties from available sources. Demographic, economic, child abuse, and child welfare data were assembled for all 64 Colorado counties from various sources, as noted below.

- Colorado Department of Human Services
- Child Welfare Services Division, Colorado Department of Human Services
- Colorado Central Registry, Colorado Department of Human Services
- Colorado Department of Health Care Policy and Finance
- Colorado Department of Public Health and Environment
- Health Statistics Section, Colorado Department of Public Health and Environment
- U.S. Bureau of Economic Analysis
- U.S. Bureau of Labor Statistics
- U.S. Census Bureau
- USDA, Economic Research Service

Our cross-county data analysis resulted in 43 variables. Child population size was chosen as the basis of understanding different indicators across counties, and transforming counts into a rate per 1,000 child population allows for direct comparison across counties. The complete County Demographic and Child Welfare Performance Indicators can be found in Appendix E of this report.



**Table 2. 3: Colorado Counties Statistical Indicators**

Table 1: POPULATION, LAND, RURALITY	Estimated 2007 Population (All)
	Estimated 2008 Population (Children)
	Land area in square miles
	Population per square miles
	Rural-Urban Continuum Code
Table 2: RACE Table 3: ETHNICITY	Race: White Alone %
	Race: Black Alone %
	Race: American Indian & Alaska Native Alone %
	Race: Asian Alone %
	Race: Native Hawaiian & Pacific Islander Alone %
	Race: Two or more races Alone %
	Ethnicity: Hispanic or Latino Origin %
	Ethnicity: Not Hispanic, White Alone %
Table 4: EDUCATION, EMPLOYMENT & RACE Table 5: INSURANCE & FINANCIAL ASSISTANCE	Origin: % foreign born
	Language: % speaking language other than English at home
	Educational Attainment: % High School Diploma+
	Educational Attainment: % Bachelor's+
	Civilian labor force unemployment rate
	Median Household Income
	Income Per capita
	Percent in Poverty (All)
	Living in Poverty (Children)
	Uninsured (Children)
Table 6: CHILD ABUSE & BIRTH STATISTICS	WIC Enrollment
	Receiving TANF
	CHP+ Enrollment
	Receiving Medicaid (Children)
	Child abuse rate
Table 7: CHILD WELFARE BUDGET & COSTS Table 8: REFERRALS, ASSESSMENTS, & INVOLVEMENTS	Child Abuse RANK
	Three Risk Factor Births
	Infant mortality rate
	Child Welfare Budget
	CW: Total OOH Cost
	CW: Total Program Services Cost
	CW: # Children with Adoption Subsidy
	CW: Total Adoption Subsidy Cost
	CW: New Referrals (Families)
	CW: Assessments
	CW: New Involvements
CW: Open Involvements	
CW: OOH Open Involvements	
Rate of Out-of-Home Placement	
CW: ADY for OOH Involvements	

For the Colorado Counties Statistical Indicator tables in Appendix D, PSI and American Humane display the indicator variables of the 64 counties from top to bottom. Before ordering the data, the values and certain variables were statistically transformed into rates per 1,000 children in the population, allowing comparison of counties that are very different in size. Without doing so, for example, the budget for small counties could not be comparable to the budget for large counties.



The tables present the top 10 counties and bottom 10 counties across the state. In the center of each table are presented the nine counties in which PSI and American Humane conducted in-person interviews. There was significant variability among the eight categories of statistical variables in the counties that were part of our qualitative study. In other words, the selected counties represented a good cross-section of the state.

## **Child Welfare Budget, Performance Indicators, and Outcomes**

To address the relationship between county child welfare financing<sup>4</sup> and the overall quality of child welfare service delivery, PSI and American Humane used publicly available data from SFY 2007-2008 to examine four questions:

1. Are there differences in funding of child welfare services across counties?
2. Is there consistency in child welfare agencies' response to maltreatment across counties?
3. Is there a relationship between a county child welfare agency's budget and its level of service delivery performance?
4. To what degree do county budget, county performance, and client demographics impact client outcomes in each county?

These four questions take the county as the “unit of analysis,” meaning that relationships between performance indicators and outcomes are aggregated across the county, rather than tracking variation in costs or outcomes on a case-by-case level within the county. This detail is important as the questions address the efficacy of the county system overall, rather than the individual case level efficacy.

**County funding of child welfare services**—Service funding must be evaluated in both absolute amounts and as a population based rate (e.g., dollars per child served) to derive a clear picture of funding adequacy. Using the fiscal data from the Colorado Division of Child Welfare “county letters” regarding allocations and the Child and Adolescent population from the demographer's office, PSI and American Humane assembled two lists: One to sort Colorado counties by total child welfare budget allocations, and the other to sort counties by the average dollars spent per child in the county population (to be precise, the county child welfare budget was divided by then county “Child and Adolescent Population from the Demographer's office”). We then applied Pearson's correlation to evaluate the degree to which counties' total child welfare budgets and their average dollars spent per child were consistent (in other words, are counties consistent in funding needed services for children in their jurisdictions?)

Our calculation showed that there was a statistically significant relationship (Pearson  $r < .93$ ) between the two lists. This suggests that, controlling for the size of the child population in each county, there are no significant differences in how that funding is used to serve children among counties.

**Consistency of Child Welfare Response to Maltreatment**—PSI and American Humane addressed this question by examining the degree of correlation among five measures of county child welfare performance:

- Child Abuse rate;
- Child welfare new referrals per 1,000 child population;
- Child welfare assessments per 1,000 child population;

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<sup>4</sup> The county child welfare budget was taken as the “total expenditures reflect[ing] reimbursable expenditures plus reimbursable state administrative adjustments minus refunds as reported prior to CFMS Close-out.”



- Child Welfare Opened Involved Children per 1,000 child population; and
- Child welfare Out of Home Open Involved Children per 1,000 child population.

County level analyses were performed for counties with sufficient size. This “roll-up” classification of counties has been agreed to by state and Federal sources. As a consequence, 28 counties are the subjects of the analyses. Analyses examined the pattern of relationships within counties, so the absolute numbers not the rates per 1,000 child population were used.

Using Pearson’s correlation, these five measures were correlated to a very significant degree (Pearson  $r = .91$  to  $r = .98$ ) across counties, suggesting consistent levels and intensity (but not necessarily type) of responses to incidents of child maltreatment in child welfare service delivery.

**Relationship between Budget and Performance**—PSI and American Humane answered this question by applying Pearson’s chi-square to the county child welfare funding and the five performance measures identified above. We found that funding levels were strongly correlated to all performance measures (Pearson  $r < .91$  to  $.98$ ).

**Client Outcomes** — PSI and American Humane ran a series of linear regression models to assess the relationship between a county’s child population, child welfare funding, annual new referrals, and annual assessments with four child welfare outcomes from the federal CFSR that are calculated at the county level:

1. Child safety
2. Child reunification within 12 months of removal
3. Child permanency within 24 months of removal
4. Fewer than two placement moves in a year

None of the county characteristics or performance measures (population, funding, referrals, and assessments) related to any of the four outcomes in a meaningful way. The regression models accounted for between 1% and 17% of the variance in the analyses, and none of the models reached statistical significance on an Analysis of Variance (ANOVA) test.

Child safety has the best relationship with child population and funding at 17% of the variance accounted for across the 28 counties, though it is not significantly different from a chance finding. Other results were reunification at 4% of variance accounted for, permanency 6% of variance, and less than 10% of variance for fewer than two foster care moves in 12 months. None of these were statistically meaningful, nor did these results change when child poverty and per cent child Hispanic ethnicity were added to the analyses.

The results of this sequence of analyses strongly suggests that: a) funding is consistently applied to child welfare service delivery across counties; b) counties are responding in a consistent manner to incidents of child maltreatment; c) the level of funding in each county corresponds to the level of effort expended by the county to provide services; and d) none of these variables is a significant factor in the safety and permanency outcomes being achieved by children and families. Having isolated and eliminated these variables as the prime movers of outcomes across counties, as well as controlling for factors such as child poverty and ethnicity, PSI and American Humane are left with service delivery procedures, determined at the county level and lower, as the main driver of variance in safety and permanency outcomes among Colorado counties.



## County Contribution Information

In Colorado, counties are required to match 20% of the State’s contribution to their county child welfare budget; however, the average county share is 14%. As part of our analysis, PSI and American Humane reached out to other states with comparable child welfare systems to Colorado’s to determine the levels of county contribution to their localized child welfare budgets. Six states responded to our request, and their responses can be found in the table below.

**Table 2-4: County Contribution Percentages, Other States**

State	Average County Contribution to Child Welfare Budget	Notes about Average Contribution Calculation
Minnesota	54%	Average County Revenue Shares to Children’s Services.
New York	35%	Contribution is a flat rate across all counties. Due to fiscal issues, county contribution was actually 36.3% in ’08-’09.
Nevada	Counties are responsible for the “front end” services; State is responsible for the “back end” services so there is no match expected from the counties	<p>Child protective services, referred to as “front end services” include:</p> <ul style="list-style-type: none"> <li>· Preventative Services</li> <li>· Investigations of abuse/neglect</li> <li>· Family Assessments</li> <li>· Emergency shelter care and/or short-term foster care</li> <li>· In-home services</li> </ul> <p>Child welfare services, referred to as “back end services” include:</p> <ul style="list-style-type: none"> <li>· Placement services (family foster care, higher levels of care)</li> <li>· Case management - foster care and adoptions</li> <li>· Independent living services</li> <li>· Family preservation</li> <li>· Family foster home/group foster home licensing</li> </ul>
North Carolina	28%	Contribution if for Child Welfare Services, ’08-’09.
Ohio	25-32%	Some county contributions vary, based on a random moment sampling procedure. County match for foster care (32%), adoption (32%), and IV-B (25%) were provided.
Virginia	30%	County contributions were provided for the entire range of costs. Average is based on actual dollars contributed across all areas, from staffing to Independent Living Program.

Of the responding states, three (Minnesota, New York, & Ohio) have a state-supervised, county-administered child welfare system like that in Colorado similar structure to Colorado. Three others (Maryland, North



Carolina, & Virginia) are state-administered but with strong county involvement in administration. The seventh, Nevada, is a hybrid system. Among the states in our sample that have contributing counties, the average contribution is twice as large as in Colorado.

## ***Individual County Staff & External Stakeholder Interview Results and Analysis***

The internal views of child welfare staff members and external stakeholders provide important insights into child welfare's performance. In order to capture these viewpoints, interviews were conducted in nine counties across the state. County staff interviews were conducted with caseworkers, supervisors, administrators and other child welfare staff, while external stakeholder interviews were conducted with court and school personnel, commissioners, youth, and foster parents. All interviews were coded and assessed for reliability, the results of which are presented below.

The results of key issues or themes did not differ significantly across small, medium, and large counties. Furthermore, we would be unable to maintain the confidentiality of the few staff members who were interviewed in small counties if results were presented by county size. Consequently, all data is presented at the state level.

### **Interview Coding**

Initially, all county staff and external stakeholder interviews were reviewed by two coders, revealing six themes appearing to be most important:

1. The State (Division)
2. Inter-Agency Interactions
3. Public-Community Interactions
4. Staffing
5. Data
6. Economy

All six of these themes were present in county staff interviews. Following the identification of themes, another review of the county staff interviews was completed by a qualitative analysis software program (Atlas TI) that highlights specified words and phrases identified by the user. A coder determines whether the word or phrase is in fact appropriate for the category it was selected to represent. A final review of the county staff interviews was completed by a set of eight coders who read all of the interviews, including a 25% overlap of interviews assessed by more than one coder. Examples of the six themes discussed by county staff, the keywords used to identify them, and examples are defined in the figure below.

**Table 2. 5: Interview Coding Scheme**

<b>Theme</b>	<b>Keywords</b>	<b>Examples</b>
State	Volume Vol* State State* Policy Role Compliance Clarity Audit Agency Division Penal Penal* Hot Hotline Hotline	Lack of clarity regarding interpretation of policy; Volume VII is poorly organized, indexed, etc. and needs rewrite
Inter-Agency Interactions	HB H.B. "1451" wrap wrap* multi-agency collaboration collaborat* cross court court* GAL judge magistrate CASA law legal partner police	Caseworkers and supervisors had differing opinions about aspects of programming and practice-i.e. the wraparound process from HB 1451
Public-Community Interactions	community adopt adopt* parent parent* disability disabil* special need special need* substance foster foster* family famil* mental school health decision TDM stakeholder consumer mh dd "adoption agency"	Consumers feel that the CW system is typically not user-friendly; adoptive parents need more support
Staffing	staff train supervise meeting work stress cowork crisis paper staff* train* supervis* meet* work* caseload "secondary trauma" stress* job cowork* paperwork peers cris*mgt sup admin	A lot of time devoted to meetings; caseworkers have too large of caseloads; job is very stressful
Data	TRAILS data report report* record record* survey quality assurance track track* "real time" help desk mandatory mandat* "required fields"	The TRAILS system is not user-friendly; TRAILS doesn't provide reports that would support manager work; (TRAILS) does not provide real-time data
Economy	Economy fund finance allocate under budget unfunded econom* monies money fund* fiscal finan* alloc* poverty poor under* budget*	The county is underfunded; Allocation process does not benefit county; state not considering impact of poverty on counties

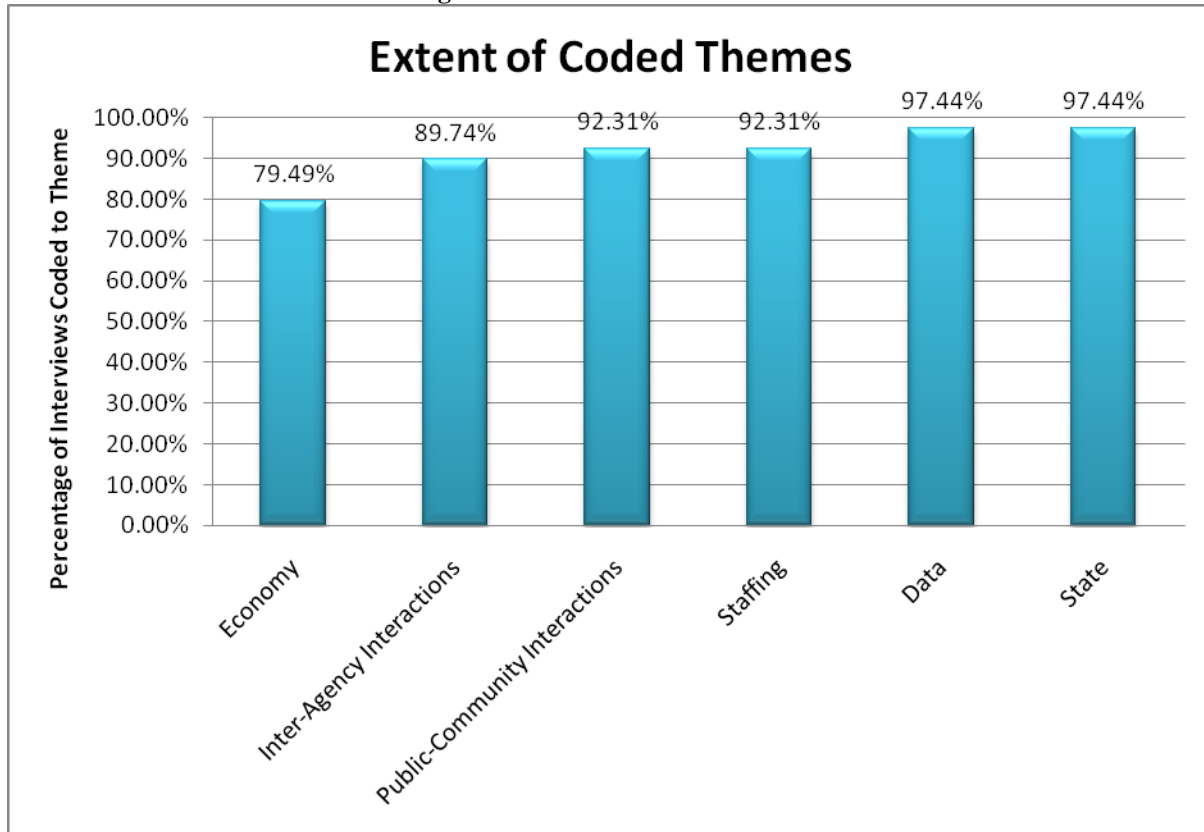
Three of the six themes were also present in external stakeholder interviews: State, Inter-agency Interactions (exclusively court-related), and Staffing. Due to the more comprehensive nature of their roles, external stakeholders' interviews included discussion that was insightful though fell outside the scope of the current evaluation. In order to best capture those themes that were pertinent to the organizational structure of child welfare, a master coder who was most familiar with the goals of the current project reviewed all the external stakeholder interviews, and another coder completed 25% overlap for reliability analyses (See Chapter 1 for methodology).

The view of child welfare staff across Colorado is an important view of the State's performance. The coding of 39 internal interviews resulted in five themes appearing to be most important: data, inter-agency interactions, public-community interactions, staffing and state. These and the other codes used are defined in the Interview Coding Scheme.



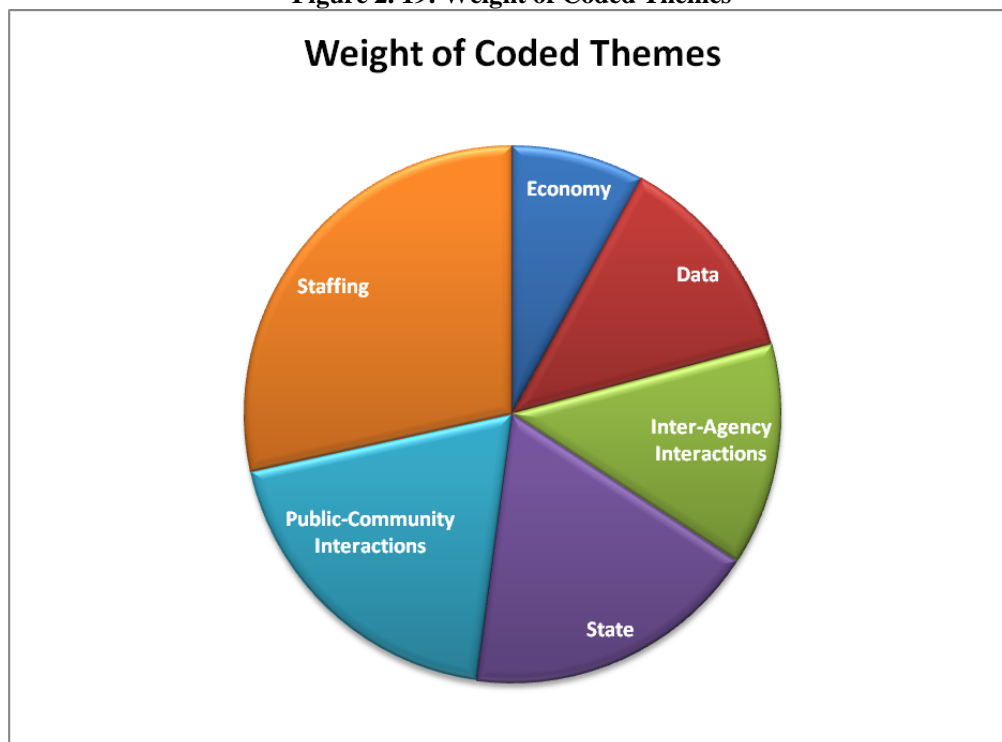
The figure below portrays the number of interviews which had the theme identified as occurring in the responses. On this measure of extent, a theme was only coded to an interview. Later in this section, other results will address multiple occurrences of a theme in an interview. Figure 2.16 shows that the themes “Data” and “State” were coded in 97.4% of the interviews. The next most frequent themes were “Public-Community Interactions” and “Staffing,” which were coded in 94.7% of the interviews. “Inter-Agency Interactions” was coded in 89.7% of the interviews. “Economy” was only coded in 79.5% of the interviews. This was also the theme that was difficult to code reliably.

**Figure 2. 18: Extent of Coded Themes**



The total number of times that themes were mentioned was related to the number of interviewees identified as mentioning the theme in a statistically significant way ( $r=.838, p<.05$ ). The pie chart of Figure [Number] reflects that relationship but also provides more discrimination between the issues in terms of relative weight. The weight given to Staffing, Public-Community Interactions, and State themes reflect the number of times and way that interview respondents returned to these themes.

**Figure 2. 19: Weight of Coded Themes**



### **State Theme**

The State theme included issues of Volume 7 policies and procedures, hotline issues as well as other statewide issues that impact child welfare operations across Colorado. When interviewees talked about Volume 7 and policies and procedures both positive and negative items emerged. Many staff felt that the language in Volume 7 is “vague” and that it leads to many “interpretations-there are individual interpretations even at the State level.” Some interviewees felt that some of the state policies were lenient, for example “caseworkers are required to only have one monthly contact with their clients in out-of-home placement; not sure how that really helps a child.” There was also some discussion regarding the availability of access to Volume 7 and the updates that are made; some staff “don’t know where the official Volume 7 lives and the one on the State’s site has a disclaimer saying it might not be up to date.” Some county staff felt that having a central, online location for everyone to be able to access Volume 7, with regular updates, would be a good idea. Also, having Volume 7 “hyperlinked and searchable” would be a great improvement for the counties when making decisions regarding their practices. External stakeholders also felt that “there are unclear policies within the department.”

Ideas around the centralizing the hotline varied. While many felt that there may be benefits to having a statewide hotline, others felt that a locally operated hotline allows county investigation workers to respond more quickly to a critical maltreatment situation. This is an example of the “timeliness of information transmitted” since that is in many systems. It was apparent that people felt that the way in which counties go about screening referrals was “very inconsistent” and that with improved consistency across counties that there would be “improvement in services for families and jurisdiction over cases.” County level hot lines are perceived as not being as accurate in determining case jurisdiction as a centralized hotline could be. A



centralized hotline worker might assign cases to appropriate counties so there would be “less conflict over who should be providing services.” This addresses the concept of decision criteria to be used by personnel doing this work. External stakeholders echoed these views and felt that “a centralized hotline would be great so that every call could be given a consistent response.” It was also mentioned that whether the hotline was localized or centralized, that it should be “staffed by skilled social workers.” This point is well taken as it pertains to the recruitment and retention of senior caseworkers to do this work. Aside from the comments above, there was not much mention of the timeliness of hotline information reaching case decision makers. This has been an issue in other States. The State of Washington has clear guidelines and expectations about allegation information moving from a call reception center to casework decision makers within hours. This drives the workload that can be anticipated with each hotline call since there is a limited time available to work on each call. It also sets the course for the wide variation seen in the county performance indicators.

Other statewide issues that emerged included the perceived absence of State level activity in their casework practice. As one staff member put it, there is a lot of “disconnect from State and county. The State doesn’t get what is happening at the county level.” External stakeholders also felt that “people aren’t aware of what the state does right now.” A lack of trust was also brought up and was noted that “State staff have become more punitive, less helpful.” The lack of trust along with the disconnect leaves one feeling as if there is a general lack of communication between the State and counties. As one staff member put it “[child welfare] can only be as good as the oversight. Kids deserve better.” This leads to our conclusion about the State Child Welfare Division not being present in the everyday activities of caseworkers.

## **Inter-Agency Interactions Theme**

Issues that were discussed in the Inter-Agency Interactions theme included programs and relationships with other governmental agencies, including the court system, mental health as well as innovative programs occurring with multiple service providers. These programs are examples of explicit practice models. It is important to note that some are county initiated while a major one (House Bill 1451) is State initiated.

One county was particularly satisfied with family preservation, believing it is very effective because you can “see the family five to six times a week. [...] You really get to help the client.” This is a good example of how a reasonable workload can lead to good practice. To see a family that much, a worker needs to be shielded from other demands on her or his attention and time. Another county was especially satisfied with a program referred to as MAP (Multi-disciplinary Assessment of Placement), where participants include personnel from Medicaid, school, GAL’s, probation, and service provider, and all contribute to child welfare assessment and planning.

The Collaborative Management Program (CMP) authorized by Colorado House Bill 1451 has received great acceptance across most counties. Many respondents voluntarily mentioned its component parts such as the Interagency Operating Group (IOG) and the individualized case service meetings. One school administrator felt the program was responsible for eliminating suspensions in that school district. The CMP has stood out as a successful State initiated program that allows for county specific coordination and planning. This program was also designated as a strength in the Federal Child and Family Services Review (CFSR), which was recently completed. Workers felt that HB 1451 “provides a vehicle for counties to work together.” In spite of many of the positive inter-agency collaborations occurring in the counties, there were still some negative issues that emerged. Many felt that there was a disconnect between child welfare and TANF, and child welfare and adult welfare. As one worker expressed, “Have to really make an effort to link with financial



supports-TANF-when they do work, good things come of it.” Some workers felt like other “departments weren’t interested in collaborating unless it saved them money.” This vehicle for counties to work together is an example of a State initiative that has worked well.

Issues regarding law enforcement were more negative than positive. In one county they felt that their local police department “investigates everything” while in another county an external stakeholder asked “why would law enforcement be involved in child welfare?” Some counties felt that their problems with law enforcement have been “historically” difficult. Few counties felt that they had “a good relationship with law enforcement.” A lack of inter-agency collaboration with law enforcement can lead to many issues and counties should try to find solutions to work through some of the barriers they feel with law enforcement.

Court issues were both varied and widely discussed. County staff not only felt that there are not enough GAL’s, but also that many GAL’s are not meeting with their child as often as they are supposed to, or will only meet with them right before the hearing. Many felt that the GAL’s will “wait until there is an emergency to get involved with ongoing cases. And that they also don’t always take the advice of the social worker.” Even with such minimal contact, “the GAL will make recommendations, or even overturn worker recommendations.” It was noted by external stakeholders that it was evident that caseworkers’ “caseloads have gone up, demands have gone up and resources have gone down which leads to things like court reports not submitted on time. Workers don’t recognize the domino effect of their late reports for the court.” Furthermore, county staff were concerned that both parents and foster parents are not well represented. This is an important effect of workload not being adequately managed. External stakeholders also expressed that “the quality of representation for respondent parents is hit-and-miss.” At least one county judge was very pleased with the full time GAL office. Across interviewees it was expressed that the court system is “very dense and bureaucratic, making it very difficult to understand and navigate.” Both internal and external interviewees felt that parents needed more guidance when it came to court issues and state policies and practices would help to solve some of these issues.

## **Public-Community Interactions Theme**

When Public-Community Interactions were discussed they mainly had to do with service provision and innovative strong collaborations with community partners. Many counties expressed that their collaborations with the school has helped to improve relationships with school districts and they can now meet with counselors about non-child welfare concerns, such as truancy, with their clients. One county discussed an innovative program where medical information is centralized, allowing for consistent and accurate record keeping with medical records that are available to both family and workers. In one county it was noted that “representatives of the agency are out in the community all of the time.” Other counties expressed that the “[CMP] presents to at least two different community organizations per month about our services and programs.” Throughout the counties there were both informal and formal connections being made at the local level to be as inclusive with community partners as possible.

Throughout the interviews the idea of service quality was mentioned and people felt that the “biggest challenges are either quality of providers in the area, i.e. therapists who aren’t meeting with them, or who are lacking the skills to help.” These issues made caseworkers feel that they aren’t “offering the families what they need.” When issues around foster and adoptive care came up caseworkers felt that they “need more foster homes and that “there was a general lack of training in the adoptive area.” External stakeholders felt that foster parents weren’t “made to feel good about their role in the system.”



## Staffing Theme

Staffing was a popular theme and was discussed throughout the interviews both positively and negatively. Issues of training, workload/caseload, and decision making processes were most apparent throughout the interviews. Many counties felt that trainings needed to be held more often and in places other than just Denver; it was also noted that there are “no trainings for adoptions anywhere in the state.” Some counties have to travel great distances to complete CORE training and it takes “six to eight months to complete, but workers still get a full caseload before they’re finished and this is setting workers up to fail.” They emphasized the need to have workers be trained before they take cases. Other workers felt that the trainings needed to include “specific information and activities relevant to the roles of intake,” include role playing and “not just slides, include tests to pass,” include “more on interviewing children during investigations,” and to teach workers how to “remove children in a compassionate manner.” Workers also felt that workers need to retake the core values training to refresh skills and professionalism after several years on the job. One idea for improvement was to implement a Statewide Training Academy run by skilled workers that could be facilitated in several locations across the state. A State Training Academy has been legislatively authorized in 2009. These issues support the concept of consistent and explicit practice models within and across counties.

Many staff felt that one of the greatest benefits to them was that of “regular meetings and communication” with both coworkers and supervisors. Being able to consult with supervisors allows for appropriate decision making on “deciding whether to remove children.” The knowledge of supervisors in many counties was noted, while some felt that it was an asset to have “supervisors that have been around a long time,” others felt that because of the length of time that supervisors had been around made it so that they weren’t “pursuing cutting edge of field, that they “don’t keep up on trends” and that the lack of “turnover with supervisors [leaves] no chance for workers to move up. No opportunities for talented, younger, new people.” While the knowledge of long-term supervisors is most definitely an asset in terms of making appropriate decisions for cases, it also leaves some workers feeling like they have little chance to move up in the field of child welfare. In one county an interesting idea came up of creating a “mentoring system so that caseworkers who have been identified as positive role models could have lesser caseloads to help newer caseworkers.” This approach could allow for some level of movement up through the system by creating a mid-level position for caseworkers. Some workers felt that “worker employment would have more equity in a state system. Workers could have more opportunities to move up in the system.”

Issues around caseloads and workloads had to do with turnover, morale issues, as well as the amount of time they have to do their assigned work. Workers in some counties felt that “turnover is high and workers are confused about who to report to and what their roles are;” they also felt that they are “disposable and that they can be replaced very easily.” Workers expressed that their caseloads are “12-15 right now, have had 19-20 in the past which wasn’t doable.” External stakeholder views mirrored some of those same concerns and overall felt that “with the crushing caseload and the tremendous stress, we are asking caseworkers to do the impossible.” One idea for addressing these concerns was to allow workers to “flex their schedule which has helped workers to get refreshed over a long weekend.” Another county applied for a grant to purchase “memory pens” which store handwriting, freeing up caseworker time to focus on clients. Currently workers also feel that “it’s difficult at the worker level to figure out the hierarchy in other counties.” This is another example of inconsistencies in counties; the State Division should at a minimum have an organizational chart of all the child welfare agencies across the state for other counties to reference as needed. This would help with cross-county collaborative efforts tremendously.



## Data Theme

There are difficulties with both the input of data and the output of data and information from the State Child Welfare Information System, TRAILS. Recording of county information in TRAILS fulfills basic requirements but does not comprehensively capture case information that is or should be available about children and families. Counties felt that TRAILS is “so tedious and cumbersome for workers to use-even to put in something as simple as contact notes.” Workers also felt that the system is “not intuitive to use.” The “redundant and repetitive nature of TRAILS makes it difficult for workers to complete assessments quickly” and that in general “TRAILS entry takes a lot of time.” As a result of the amount of time taken to manage data, staff believed it kept supervisors from going to as many family meetings and Team Decision Making Meetings as they would like to, kept them from going to court to observe their workers, and kept them from periodically going to home visits. This goes back to the workload/caseload issue discussed earlier. A need for improved data entry system that does not “kick you out of the system after you enter a lot of data [and where] all of the data is lost and not saved” is necessary for enhanced data quality throughout the State. Many workers felt that “on-going training” as well as an easy “how-to guide would be great.” It would also be helpful if TRAILS could facilitate workers more in creating court reports. Currently workers “can’t easily translate information into court reports; multi-step, cutting, pasting, editing. [It] could take a full day to create a report.” These issues, along with caseload/workload issues tie directly back into the inter-agency theme and some of the difficulties that can arise when caseworkers go to court. This addresses the need to have decision support tools, such as safety assessment, support the day to day work. If data is so hard to systematically gather, then it is not likely to be useful in a timely manner.

The issues around TRAILS have been ongoing and were also discussed in the *Organizational Assessment and Recommendations for Improvements for the Colorado Division of Child Welfare* as well. Many staff expressed an overall feeling that “TRAILS is very clunky and ugly.” Updates to the SACWIS system as well as ongoing trainings seem to be vehicles to improving TRAILS’ functioning and to ensure that more data gets entered into TRAILS accurately. TRAILS is the primary child and family information resource of the Division. TRAILS has the capability of being a valuable analytic resource. There are difficulties with both the input of data and the output of data and information from TRAILS. Recording of county information in TRAILS fulfills basic requirements but does not comprehensively capture case information that is or should be available about children and families. Colorado is not alone among the states with this problem. Nationally, child and family risk factors and service information is a challenge to collect in automated information systems. However, Colorado needs to find solutions to overcome some of these barriers to allow the data that is available to help drive decisions around child welfare in the State. Case information is used regularly but summary group information or trends over time have not been reported by interviewees as being widely available.

## Economy Theme

Clearly, the state of Colorado as well as the entire United States is feeling the crunch of the current economic times; child welfare is no exception. While the Economy theme was only brought up in less than 80% of the interviews, some important issues emerged and mainly had to do with workload and budget allocation. As discussed previously, most of the trainings for caseworkers are held in Denver and with many counties having to travel to attend these trainings; the current economic times are making it hard for counties to send workers to Denver for training. As was stated by one interviewee, the “decreasing budgets make travel to Denver to training too expensive.” By regionalizing trainings this could help counties by allowing them to not have such a large expense of sending caseworkers long distances for training.



Two specific county funding issues came up in county interviews. One was the ability of the county to fund sufficient matching dollars to draw down available state dollars. With a low tax base and competing demands, County commissioners/city and county members need to make budget priority decisions that result in less than a full State dollar allocation going to the county. A second issue is staff recruitment and retention. Staff move between essentially the same jobs in different counties because of compensation. With salaries and benefits determined at the county level, there is recruitment and retention completion between counties based upon compensation packages offered.

Budget allocation came up in nearly every county and workers felt that “there are large pools of monies, but that they all go to mental health.” It was also noted that the current allocation process creates a “good deal of competition between counties” and that the current “allocation formula transfers resources from ‘rich’ counties to ‘poor’ counties even though the rich counties have a greater need.” As one worker stated, “budgets [...] are so inconsistent across counties. [Counties are] fighting over money and services. Some counties wouldn’t want a statewide system because they have a lot of local taxes that support them.” An issue for at least one county was the county match to State dollars. Due to a low tax base, the county was not able to draw down all dollars available to it under the current allocation system.

Overall interviewees said that they would like to “see the State revisit their allocation process and also to consider the possibility of performance-based funding.” Counties also felt that “CORE services allocation is not based on need, but on historical allocations from 20 years ago” and that “CORE services funding should be equitable across the state.” Counties understood that to make it equitable that the State would have to provide additional funding or cut services in well-funded counties. Foster care payment also came up several times and individuals felt that the lack of funding to foster care families “creates barriers as a limited amount of financial help is available to cover their costs.”

## **Summary of Findings from Individual County Staff and External Stakeholder Interviews**

The interviews reflect a number of issues affecting child welfare in the state of Colorado at the current time. Issues regarding the Division, interactions with other governmental agencies, interactions with the communities, staffing and workload issues, as well issues surrounding data and the economy were all discussed throughout the interviews with county staff and external stakeholders.

County stakeholders particularly liked training opportunities provided by the State and valued the opportunity for collaboration under the Collaborative Management Program. There was positive sentiment about the State providing some consistency across counties. Some of the most important issues that arose during the interviews had to do with the interactions between the State and counties regarding policies, practices, as well as monitoring. Both workers and external stakeholders alike felt that the State policies were vague and unclear. An increased access to a searchable and updated Volume 7 was one way that workers felt would help to resolve some of the issues around the many different interpretations that are occurring with policies and procedures across counties.

While many counties expressed that a local hotline allowed them to respond more quickly to serious maltreatment situations, there was variation across counties regarding how cases are screened into the system. By implementing a statewide hotline, there could be more clear guidelines and expectations about screening referrals and could lead to less jurisdictional conflict in terms of who should be providing services. This could also help to alleviate some of the variation that can be seen in the county performance indicators.



Overall, there was a general sense of a lack of connection between the State and counties when it comes to day-to-day activities. Stakeholders perceived the monitoring of counties to be less helpful and more punitive. There was a general sense of a lack of effective communication between the State and counties. External stakeholders expressed that they were unclear about what the State is doing.

## **Comparable State Child Welfare Systems**

Nationally, the administration and supervision of child welfare services is provided in four organizational structures; privatization, state-administered and run, state-administered and county-run, and a hybrid of partial state-administered/state-supervised and partially state-supervised/county or regionally run.

Currently, two states have privatized child welfare systems: Florida and Kansas. Thirteen states (including Colorado) are state-administered and county-run. Thirty two states are state-administered and run, and two states—California and Nevada—use a hybrid model of state, regional, and local involvement in direct child welfare services. In reviewing the literature on the various systems, PSI and American Humane discovered great variability among states' child welfare service delivery, even when they operated under the same type of framework. Moreover, no national standards have been established to guide child welfare service delivery in any of the four accepted system frameworks. To gain a better perspective regarding the similarities and differences between various child welfare structures several states were chosen to examine, including:

- Nevada (hybrid system)
- Kansas (privatized)
- Washington (state administered/supervised/regionalized)
- Indiana (state administered/supervised)
- Minnesota (state administered/county-run)
- Nebraska (state administered/supervised)
- Texas (state administered/supervised, regionalized)

PSI and American Humane reviewed these states' websites and annual reports for the following data: organizational structure of human services and/or child protective services, services offered to children and families, and strengths and challenges of their respective child welfare systems. In addition, we conducted phone interviews with high-ranking child welfare administrators in four comparison states. Information on comparison state child welfare systems is also available at the following websites:

- **Indiana** <http://www.in.gov/dcs/2372.htm>
- **Kansas** [http://www.srskansas.org/services/child\\_protective\\_services.htm](http://www.srskansas.org/services/child_protective_services.htm)
- **Minnesota** <http://www.dhs.state.mn.us>
- **Nebraska** <http://www.hhs.state.ne.us/jus/jusindex.htm>
- **Nevada** <http://www.dafs.state.nv.us/index.htm>
- **Texas** [http://www.dfps.state.tx.us/child\\_protection/About\\_Child\\_Protective\\_Services/](http://www.dfps.state.tx.us/child_protection/About_Child_Protective_Services/)
- **Washington State** <http://www.dshs.wa.gov>





## **Nevada**

Nevada has historically functioned in a hybrid or bifurcated way in which responsibilities and services are split between the state and the two most populated counties, Washoe and Clark. Washoe and Clark counties have responsibilities over child protection services in their counties while the State Division of Child and Family Services have responsibility for child protective services in the 15 other rural counties in Nevada. Children and families in Washoe and Clark counties have the option of transferring their cases to the supervision and administration of state agencies if it becomes necessary. The state has primary authority and responsibility for developing and administering the child welfare system in Nevada and must follow federal guidelines for ensuring the safety and well-being for children, youth and families.

In 2001, the Nevada Legislature passed Assembly Bill 1 to start the process of transferring responsibility of foster care and adoption services to Washoe and Clark counties. This legislation also made it so that the State Department of Children and Family Services would provide oversight to Washoe and Clark counties in terms of administration of federal monies, technical assistance and quality improvement. The transfer of responsibilities was completed in Washoe County in January 2003 while Clark County completed the transfer in October 2004.<sup>5</sup>

This legislation de-bifurcated the child welfare system in Nevada slightly and it was done in an effort to create streamlined system of management and services for child welfare. Despite reform efforts in Nevada, cases of child fatalities and inconsistent data and under-reporting of child deaths involving child maltreatment has brought much media attention and scrutiny to the State's child welfare agencies. Several reports and a performance audit have been conducted to determine ways to streamline the oversight and administration of child welfare agencies in Nevada to ensure coordinated efforts to improve the services for children and families.

## **Kansas**

In the early 1990's Kansas' child welfare system was in a state of crisis. The number of children in foster care, including those awaiting adoption continued to grow, costs were escalating and there was an increasing instability in the permanency outcomes for children in the system. It was agreed that the new system would need prevention and community orientation, pooled funding, monetary incentives for permanency, a more inclusive focus on families as a whole and outcomes that were measurable.

Adoption reforms began in 1995. Public and private agencies were brought to the table to plan, coordinate and organize public awareness and recruitment efforts and to develop a computerized registry of eligible children. These efforts all helped to increase the number of children who were being placed into adoptive homes.

In 1996, Kansas began the nation's most extensive attempt to drastically change the child welfare system by implementing a privatized form of managed care<sup>6</sup>. Managed care in this context refers to a population based funding mechanism with performance indicators. The most exciting part of the changes that were taking place in Kansas had more to do with developing a managed care approach to child welfare and less to do with the privatization. No other state had attempted to use managed care in such a fashion. Privatization can be

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<sup>5</sup> *Final Report of the Performance Audit of Nevada's Child Welfare System*, October 15, 2008

<sup>6</sup> *The Kansas Child Welfare System: Where Are We? Where Should We Be Going?* Kansas Action for Children, Inc., 2001.



completed without managed care and managed care can also be completed without privatization. Child welfare managed care uses many different tools to operate. Kansas uses a per-child and per-family case rate that is intended to cover the cost of care for the children and families throughout the time they are in foster care, adoption, or family preservation. By implementing a per-case rate they are attempting to align financial incentives with permanency goals.

Interviews were conducted with Kansas stakeholders in the Spring of 2009. These telephone interview respondents provided a current view of the Kansas system.

According to Kansas child welfare officials there are things that have worked well since the transition. Kansas has a strong focus on outcomes. They structure their contracts to support that focus. They monitor outcomes through data (e.g., AFCARS, NCANDS, CFSR, Blueprint for Change (OJJDP), staying in same school, rates of reports by county, removal rates by county, prevention goals). Providers have flexibility. They do not prescribe how providers get their work done. Providers can manage resources how they want, within the state law.

Kansas child welfare officials also described the challenges they encountered. The biggest challenge was moving from a process- to an outcomes-based approach. It was very hard for state staff to change to managing contracts, which is more of a business mentality, instead of being a provider. The new question became, “How do you be the best purchaser of services?” It was in part a cultural change that took time to make that shift. It also took different skills sets—learning how to understand data. Their role is now quality assurance.

It was also noted that there is a difference between transition and evolution. The transition was relatively quick, taking place over approximately nine months. However if you include everything from the RFP, planning and the transition, it took 14 months. On the other hand, there is the evolution that takes place in order to manage it well. The Kansas evolution took five to six years. Officials are not sure of the fiscal impact. They also serve the juvenile population and therefore are not sure of the total fiscal impact on the child welfare system. They did state that they know they are spending more, but believe you cannot really compare today’s dollars with yesterday’s dollars.

The biggest positive effects the Kansas Child welfare System has experienced since the change, according to Kansas officials, are that children and families have improved outcomes. They have had progressive improvements in all benchmarks. For example, less than 10% are placed in group care. Before it was around 60%, but as stated they do not have the data to make the before and after comparisons at a more detailed level. Timely integration and timely adoptions also seem to be better.

They stated they are not sure if our positive changes could have occurred without changing the entire state structure but have really created opportunities for contractor’s that weren’t there before. The state can also focus on protective services, because they now have the resources for protection that were previously spent on foster care, and this has helped safety measures.

If they had one thing to share with other states, it would be to find a way to meet outcomes. Don’t worry about how the work gets done by others. Structure the providers’ agreements so that they are accountable to meet outcomes. You cannot respond to everything. We have had to focus priorities on two or three things. Is it safety, permanency, prevention? Then ask what is it about your service delivery model that is failing you?



There is not one answer that will fix everything. There is no cookie cutter approach. Each answer needs to be personalized to meet the unique needs of each state's child welfare system.

## Washington

Child welfare services in Washington are administered by the Children's Administration within the Department of Social and Health Services (DSHS) and the services are delivered through 44 field offices in six regions. Many of the budgetary and policy decisions are made at the state level, but it is the regional administrators who are given discretion over budget allocations, personnel and the administering of programs in their region.

In 1997 a major quality improvement initiative began and led to a more formal, structured and ongoing approach to quality improvements at the local level. Twelve of the 44 field offices have quality improvement teams that examine and use local data to identify issues and monitor the improvements that are taking place. A client registry system was also recently implemented to cut across all administrations within DSHS and allows workers to determine all of the programs in which a client is involved; including economic assistance, health care, and developmental disabilities. As part of the quality improvements they also began co-locating many TANF and child welfare offices to provide integrated support systems to their clients. The state has also dramatically increased training for child welfare workers. The state has also created a new position for experienced social workers who want to mentor younger staff and provide them with case consultation, but do not directly supervise workers.

A Statewide service model has been implemented that addresses court related and not court related services. Separation of entry services of hotline and intake from investigation services, and separation of those intake services from ongoing service was a key component of the redesign. Timely movement of case is a redesign requirement. This allows a case to reach a court related or not court related status within a timeframe expectation.<sup>7</sup>

## Indiana

Interviews were conducted with Indiana stakeholders in the Spring of 2009. These telephone interview respondents provided a current view of the Indiana system.

Indiana is currently a state-state child welfare system, which began January 1, 2009. Originally, Indiana was a full county system. In the late 1980's Indiana became a state system (state office, state administration, state employees), but services were paid from local property taxes, the local judges had some degree of participation in budgets, and the court ran the child welfare department (for a host of reasons). Because it was county paid, the state allowed each county to administer their own system, without emphasis on continuity, uniformity and consistency. There were seven regions across 92 counties, with managers having jurisdiction over 12-15 counties. According to Indiana officials this was too much area to have effective communication.

In 2005, in an attempt to make things more uniform, they divided the state into 18 regions, and created regional managers who had authority over four to nine counties. In deciding the regions, they considered 12 different factors (e.g. number of foster homes, number of cases), and ended up following police districts

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<sup>7</sup> Thompson, T. S., Snyder, K., Malm, K., & O'Brien, C. (2001). *Recent changes in Washington welfare and work, child care and child welfare systems. State update No. 6. Assessing the New Federalism: An Urban Institute Program to Assess changing Social Policies.* Urban Institute, Washington D.C.



which have many similar criteria. They encountered some problems in 2007, during which time they had a tax revolt over property taxes. By March 2008, they created a standard accounting system. Starting this calendar year, they are officially a state run child welfare system, though they've really been using that structure for 4½ years.

Indiana worked with a national organization in making the changes. New staff members are trained for three months before they go in the field. They doubled their caseload, hired 800 new case managers, and 150 new supervisors. They now have 1592 case managers and put in statute for caseloads of 12 & 17. All of this has allowed them to better manage the work that they do. Additionally, all the work is possible through their management of the 18 regions, where they meet regularly with managers and supervisors. Finally, they are managing by data. For example, in order to bring in a new case manager and decide where to put them, they use data for those decisions such as CFSR, AFCRAS, and NCANDS. Caseload sizes and outcome results have implications or adequate or non-adequate staff levels.

Previously there was significant variation from county to county. One of the biggest challenges for Indiana, according to officials is culture change. The “old timers” still like to do things the way they always have. However Indiana officials do not believe positive changes could have occurred without changing the entire state structure. Centralization was considered essential. Previously it seemed the service providers controlled the system—they decide what the service would be, and how long it would last, without understanding the need for a worthy product and for outcomes and controls. The current system clearly costs the state more. However, Indiana is now more efficient, because there is consistency. They believe their kids are safer. The average length of time in care went down 90 days—that has an effect on costs. They believe they prepared themselves for the extra cost by moving kids through faster, of course taking safety into account. Most importantly, they expect to meet all federal benchmarks in about 90 days. In 2001 Indiana did not pass any of the six CFSR benchmarks, in 2007 they passed two, in 2008 they passed four, and in 2009 they passed four but in the two they didn't pass they only failed by 1%. Indiana examines their data every 90 days, and believes they will pass all six within 90 days. It does take time. They expressed a need to be open, transparent, bring in the media, partner with legislature, and work with judges. They have the support and encouragement of the Governor, who has given funding and has followed through with the support.

## **Minnesota**

Interviews were conducted with Minnesota stakeholders in the Spring of 2009. These telephone interview respondents provided a current view of the Minnesota system.

The Minnesota child welfare system is a county administered state supervised system. They have 87 counties and are unique in that they utilize minimal general fund money and only a small amount of state money, with most funding provided through property taxes. According to Minnesota child welfare officials there are many things that work well in the Minnesota child welfare system. First and foremost, they try to work as much in partnership with the counties as possible. The counties are able to develop and implement their own Program Improvement Plans (PIPs). Although the state has the authority to withhold money if the counties don't implement their PIP, they have never had to assert their authority. Positive relationships with the counties have been possible in part due to the unique fact that they don't experience a lot of turnover at the state level. They believe their role is to give counties the skills they need. They oversee state-wide basic child welfare training through a local university, do quality assurance work with their counties similar to CFSR and



Title IV-E reviews, maintain SACWIS, give best practice guidance, and provide statewide screening guidelines, all of which was a very deliberate process.

One of the biggest challenges in Minnesota child welfare is the disparity of resources available across the state which is based on the availability of property taxes. In addition, they don't dictate to the counties how to handle individual cases. Although most directors are on board with state policy, there are some differences in how things work on an operational level from county to county. There is also a lack of general fund money that supports child welfare practice, making the work they do with the counties more delicate as there is the recognition by the counties that the state makes a limited contribution to the funding of services.

Minnesota also has implemented significant reforms and pilot programs. They implemented Differential Response in 2000, starting with 20 pilot counties. By 2004, all 87 counties implemented Differential Response, even the counties who did not get funding implemented the practice and all counties continue the implementation of Differential Response. The Parent Support Outreach Program was also implemented for those families that don't meet assessment or intake criteria for CPS. Approximately 40% of families accepted the invitation to participate, and about 80% believed they were better off after completing the program. Finally, counties with the largest African American population have been working on addressing disparity issues.

## **Nebraska**

Interviews were conducted with Nebraska stakeholders in the Spring of 2009. These telephone interview respondents provided a current view of the Nebraska system.

Nebraska is state administered for all of their programs. They were county administered until 1983. Service delivery is currently managed by five service areas across 93 counties. According to Nebraska officials, prior to 1983, the state lacked consistency across the 93 counties and had difficulty getting counties to conform to the delivery of services as defined by the state. A strategy the state used to get buy in from the counties was to remove the Medicaid match requirement. The state agreed if the counties would implement a state system, the state would pick up county match for Medicaid. This strategy was supported by the counties and helped gain their support in the transition.

Currently there are many things that work well in the Nebraska child welfare system. There is more consistency in the delivery of services. They have a consistent philosophical position on serving children and families. Juvenile services and children's are able to make quicker decisions on changes and implement more quickly, in part due to a smaller management group. They have access to better data. When Nebraska developed SACWIS in the early 1990's, they brought in people from the field to develop the system.

Nebraska does have challenges. A state administered system doesn't eliminate all of the local issues. The counties often feel that the state doesn't understand their local needs, and you can lose some input from local folks. There will always be some issues between the policy center and field operation. When it comes down to implementation it can be difficult. Ties with the counties are important so they are a party to the decisions and can own them. The state and the counties have the same desires for the same outcomes, but those connections need to be specifically created.



## Texas

The child welfare system in Texas is state-administered by the Texas Department of Family and Protective Services. Services are offered through the Texas Department of Protective and Regulatory Services (TDPRS), with 11 regions across 254 counties. This structure has been in place since the 1970's. TDPRS was created in 1993 and brought together all child protective services, adult protective services and the licensing and regulation of child care providers<sup>8</sup>. Most all budget, policy and personnel decisions regarding the TDPRS are made at the state level, though some counties contribute local funds to the provision of child welfare services and decide how to spend those funds. In the later part of the 1990's there were increased reports of maltreatment in Texas, however it did not lead to increased substantiation of maltreatment of children. Texas uses a statewide reporting system, or hotline, for all abuse and neglect allegations.

Interviews were conducted with Texas stakeholders in the Spring of 2009. These telephone interview respondents provided a current view of the Texas system.

According to Texas officials, there are several things that work well. First and foremost, when a structure works under a common command there is greater consistency. A state can implement reform and policy changes consistently. Additionally even though resources are always in demand, it's easier to assure balance, for example, caseloads are equivalent across the state; clients have similar access to services, foster care rates are regulated across the state equally, etc. There is also consistency provided through regulations, such as regulation of providers. These regulations apply to all major medical societies in Texas, and prevent the overuse of psychotropic medication through an automated/monitored data system, among other things. The other major benefit is the ability to leverage financing. With one common structure where an executive commissioner supervises the four commissioners, they have been able to maximize TANF and Medicaid funds, covering all from food stamps to disability, and as a result have been particularly able to meet the needs of families in protection programs.

There are also challenges in the Texas child welfare system. Respondents reported a low point in 2004, in part due to a lack of resources, but since then the Texas legislature provided for an extra 4,000 staff, most in CPS. Due to having such a big structure, child welfare could not give attention to all parts of the state that need it. At the local level, there is a sense of "we should have control," particularly with one of the large urban counties. "When things go wrong, the entire state gets painted with the same picture. It's hard for it to not impact everyone if political sentiment turns against you."

Texas also has a few model programs. In 2005, Texas created a new health care delivery model to provide foster children with comprehensive services and coordinated access to care. It is a new Medicaid managed-care model just for foster children. Texas is paying a rate of three to four times that of Medicaid. They have a common network of providers so that foster care providers don't have to find a provider who will serve them, and an electronic health passport database that tracks all their information (behavioral health, medical health). The health passport database covers 254 counties, and so if a child moves, they have access to all of their data, as do practitioners, judges, etc. This is the system that automatically flags if drugs exceed the prescribed limits. They have also done a great job implementing FGDM and addressing disproportionality. Their removals are down 18%, and relative placements have increased by 33%.

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<sup>8</sup> Capps, R., Pindus, N., Snyder, K., & Leos-Urbel, J. (2001). Recent changes in Texas child welfare and work, child care and child welfare systems. *New Federalism: National Survey of America's Families*, The Urban Institute.



## **Summary of State Findings**

In reviewing the four child welfare structures, it would appear there is not only variation between each structure but also within similar structures depending on the individual design of each state child welfare system. Rather than focus on their differences we would like to discuss what they have in common. There are several areas we believe to be necessary regardless of the structure that were identified in our examination of the various designs and the interviews with state leaders.

These areas are critical components and necessary for systems to be responsive to the needs of families and to ensure child safety. First is practice consistency and the state child welfare system should take leadership in establishing practice guidelines that ensure every child and family are offered services in a way that is consistent from county to county. Secondly, local service needs must be met in a way that recognizes the individuality of the community being served. Local child welfare agencies should be afforded the opportunity to serve families based on the population, resources, etc. that exist in each community. Third, data should be used as a driver to decisions related to service development and delivery prioritizing needs based on the intended desired outcomes for each locality. Moreover, the child welfare system and the provider community should be held accountable for the desired outcomes expected for children and families. And fourth, financial incentives should be considered as a means to gaining the support of local county child welfare systems.

The States reviewed have presented a mixture of positive and negative features. There is not a clear pattern of positive and negative features related to State child welfare structure.

## **Conclusions**

Other State Findings:

1. Different administrative structures have positive and negative features largely dependent upon implementation style.
2. State child welfare program initiatives determine county practice and have provided worthwhile support and information.
3. Every day practice is not affected by State initiatives very much and many State activities are seen as intrusive.

Colorado Specific Findings:

1. Division of Child Welfare monitoring is not viewed as systematic by the counties.
2. While the accuracy of State-produced information is well-regarded, it is not considered available in a timely fashion, nor is it widely or systematically used to help with practice decision making.
3. There is a wide variation between the counties in the practice and the performance/outcome measures of child welfare.
4. There is a large amount of County data available that raises questions about the relationship of County characteristics to child welfare results.







## Chapter 3: Administrative Structure Analysis

PSI and American Humane acknowledge that effective child welfare reform in Colorado will require a fundamental change to the service delivery system. Recommendations for changes to the system have been made at several times in the last two decades; however, none of those recommendations have been adopted by CDHS to date. We theorize that the inertia surrounding comprehensive child welfare system reform may be inherent in the system itself—a product of cultural preferences; legislative mandates; and the complexity of the myriad local agreements, relationships, and compromises that make a de-centralized system run.

In this chapter of the report, we undertake an analysis of the strengths and challenges inherent in Colorado’s state-supervised, county-administered child welfare system, and then compare the strengths and challenges to those inherent in the three other major child welfare structures. From this analysis, we will offer a recommendation for a revised administrative structure that is most appropriate for Colorado to achieve its goals of improved operational efficiency, service efficacy, and outcomes for children and families.

### Current System Strengths and Challenges

Colorado is one of 13 states in the nation operating a state-supervised, county-administered child welfare system. Statewide administration of child welfare is the responsibility of the Division. The operational priorities of the Division are to generate public policy, support research-informed practice, and strengthen partnerships that promote safety, well-being and permanency for children, youth and families. The Division is responsible to external and internal stakeholders to ensure efforts are seamless, transparent and are supported by resources, funding and expertise. This includes the ability to develop consistent, accurate data and research capabilities.

Child Welfare service delivery is the responsibility of local county child welfare agencies. The services provided by these agencies are approved and implemented through local authority via the county commissioner’s and city and county offices. These offices have budgetary authority over child welfare programs and staff and have responsibility for compliance with all relevant federal and state legislative and fiscal requirements.

The traditional state-supervised, county-administered system in Colorado is geographically large and is diverse in its terrain, industry, and communities:

- 17 counties are designated **Urban** (between 500 and 1,000 inhabitants per square mile)
- 24 counties are designated **Rural** (between 7 and 499 inhabitants per square mile)
- 23 counties are designated **Frontier** (fewer than 7 inhabitants per square mile)<sup>9</sup>

This diversity of community types, as well as the physical distance between population centers throughout the state, leads Coloradans to emphasize local identity over regional or statewide. Citizens tend to prefer authority that is localized and manageably sized, allowing them to have a meaningful impact on civic decisions that directly impact their lives. This preference is not isolated to Colorado; many states that are physically large, geographically diverse, and have a wide dispersion of population center types—California, Minnesota, Ohio, New York, and Pennsylvania being examples—employ a state-supervised, county-administered system.

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<sup>9</sup> Colorado is 9<sup>th</sup> in the nation for officially-designated frontier counties by square mileage, and 7<sup>th</sup> in the nation by population living in frontier counties.



However, the relationship between the state and county governments is a delicate balance requiring a sound structure to promote effective communication, planning, monitoring, coaching, technical assistance, and collaboration. A shared vision and mission with clearly defined attainable goals and a sound plan strategically designed to align efforts is critical to the success of county and state child welfare services. Colorado has had a mixed history of successes and difficulties in maintaining this balance; in the sub-sections below, PSI and American Humane highlight the strengths and challenges that we see as having the most significant impact on the current and future success of child welfare in Colorado.

## Assessment

A central issue to effective casework practice in Colorado is its use of safety, risk, and needs assessment for children and families. Prior to 2000, determinations of a child's safety within the family environment were based on locally defined standards; observation, knowledge of family history, and intervention precedent set by senior social workers and supervisors drove most safety decisions made at that time. Starting in July 2000, because of a legislative mandate in response to an earlier lawsuit, Colorado made formal distinctions between safety and risk, and introduced three tools to guide case worker assessment of these conditions:

1. **Colorado Safety Assessment/Plan**—Derived from the safety assessment standards established by the Illinois Department of Children and Family Services in the mid-1990s, the instrument is used at point of first contact with the alleged victim to determine the threat of harm along six assessment areas: extent of maltreatment, surrounding circumstances of maltreatment, child functioning, adult functioning, general parenting practices, and disciplinary parenting practices. Using the results of the safety assessment, caseworkers complete a safety plan that either calls for the removal of the child to a safe environment or in-home services.
2. **Colorado Family Risk Assessment**—Derived from the risk assessment standards established by the Illinois Department of Children and Family Services in the mid-1990s, the instrument is to be completed within the first 30 days of case opening (i.e., prior to completion of the child protective service investigation). It evaluates the risk of maltreatment to which a child is potentially exposed in the family environment according to two scales: neglect and abuse. The instrument includes policy and discretionary overrides to account for mandatory child removal decisions—sexual abuse with ongoing access to child by perpetrator, non-accidental injury to infant, etc. Using the results of the risk assessment, caseworkers generate a Family Services Plan. The risk assessment must be re-applied, and the Family Services Plan updated, at every six-month period while the case is open.
3. **North Carolina Family Assessment Scale for Reunification (NCFAS) and (NCFAS-R)**—Both assessment scales are a modification of the original North Carolina Family Assessment Scale, the NCFAS-R is used by Intensive Family Preservation Service (IFPS) workers to help determine whether a child can safely return to his or her home. The instrument is used within 2 to 3 weeks of beginning case activities, and again with 1 to 2 weeks of case closure. It evaluates family functioning in seven domains: environment, parental capabilities, family interaction, family safety, child well-being, caregiver/child ambivalence, and readiness for reunification. Using the results the completed Intake and Closure ratings for NCFAS-R, the IFPS worker determines whether to reunify a child with his or her family, or to provide additional services to the family. The NCFAS is completed if there are no children in placement and during the time of initial assessment and comprises the first five domains of the NCFAS-R.



PSI and American Humane consider Colorado’s adoption of these evidence-based tools to be a strength of the current child welfare system. However, the tools are only useful if routinely and consistently applied in case work practice, and it is here that we find a profound challenge.

PSI and American Humane must conclude from these CFSR results that the assessment for safety and risk of all children, including those children in the reunification process, is being applied inconsistently in Colorado. As lack of service delivery consistency is a known structural flaw of the state-supervised, county-administered system, it is unlikely that Colorado’s ongoing difficulty with accurate assessment practices can be easily solved within its current structure.

## **Multi-Agency Collaboration**

As part of its research for this report, PSI and American Humane have identified two promising practices in Colorado that represent a strength of the current system’s flexibility and encouragement for innovation, both around multi-agency collaboration in the planning for and delivery of services to children and families with open child welfare cases. We see potential in the state using these promising practices as the basis for multi-agency communication and service delivery protocols across the state; possibly growing into a best practice that would be supported universally by the state with tools, technical support, and funding in the new system.

The first is a program called Multi-Disciplinary Assessment of Placement (MAP), in which the child welfare case worker involves a child’s Medicaid worker, teachers and/or school administrator, Guardian ad Litem, probation officer, private service providers, and other relevant entities contribute information to the child welfare assessment and service planning. County workers familiar with MAP reported strong satisfaction with the collaborative process and the quality of the assessment and service plans generated.

The other promising practice is the Child Welfare Collaborative Management Program (CMP). CMP was established by Colorado House Bill 04-1541 during the 2004 State Assembly legislative session. The articles of the House Bill declare that “...development of a uniform system of collaborative management is necessary for agencies at the state and county levels to effectively and efficiently collaborate to share resources or to manage and integrate the treatment and services provided to children and families who benefit from multi-agency services.” This program is well regarded by child welfare in the 16 counties currently participating in CMP, and was noted by federal reviewers as a strength of the current system in the 2009 CFSR.

## **Resources**

Adequate levels of resources—measured in staff, private provider services, and dollars—are an issue common to child welfare systems across the nation, but PSI and American Humane identify resources as a particular challenge to Colorado because of its geographic and community diversity. As a matter of pure economics, the smallest counties will have the highest overhead rates for operating child welfare, because administrative and operational functions cannot be placed in the hands of low-costs specialists. This dynamic also extends to service delivery specialization: while large counties can support staff with topic specialties—such as intake, placement, or independent living—small counties rely on generalist case workers to deliver the full range of services. This lack of specialization means that small county workers have less time to focus on the intensive client interaction that is a hallmark of good casework practice.

Moreover, the large number of rural and frontier counties in Colorado lead to a situation where significant numbers of Coloradans do not have ready access to important social services—substance abuse prevention, mental health, medical care—even in a county-administered system. In most cases, rural and frontier counties



have made accommodations by purchasing services from providers in neighboring counties, however the gap in service availability between Colorado's large and small counties is pronounced, and poses a major barrier to consistent and equitable service delivery across the state.

## Oversight

The contentious nature of the state/county relationship in Colorado child welfare has been documented extensively, most recently and notably in the Sixty-Sixth General Assembly's *Foster Care and Permanence Task Force Final Report* (May 2008), Governor Ritter's *Child Welfare Action Committee Interim Report* (October 2008), and the CDHS *Organizational Assessment and Recommendations for Improvements to Colorado Child Welfare* (February 2009). It is a theme that extends to this report as well, with county workers reporting a perceived lack of involvement by the Division in effective interpretation of Volume 7 rules and guidance to service delivery issues.

At present, the Division has neither the legislated authority nor enjoys a position of organizational leadership needed to enforce county compliance with rules set by the State Board of Human Services. This lack of authority—mandated or earned through leadership—encourages counties to follow their own authority first in matters of child welfare policy and practice, a major contributor to the lack of consistency throughout the state in service delivery. This dynamic is unlikely to change without a fundamental alteration of the relationship between CDHS and the counties.

## Funding

Over the past two decades, Colorado social services have been subject to an unusual—possibly unique—set of funding restrictions and budgetary constraints that, more than any other single factor, have shaped the culture and capacity of the child welfare system. Starting with the 1992 Taxpayer Bill of Rights Amendment (TABOR), local and state governments were prohibited from levying additional or new taxation without voter approval. When tax revenues fell during the 2001-2003 recession, state and county agencies were forced to cut hundreds of millions of dollars from their budgets, but when the economy returned to strength in 2005 they were prohibited from using growing revenues to restore cuts to vital programs.

County funding levels have a significant impact on the level of staffing and programs in child welfare, a major factor affecting county agencies' ability to recruit and retain top-quality social workers. Counties funding can come from a variety of sources—tax levies, voter-approved initiatives, county commissioner expenditures—but all are impacted during economic downturns.

A significant amount of county funding comes from property tax mill levies, which vary greatly. During times of economic downturn and decreased property taxes, funding bases shrink. A number of counties also have revenues from local voter-approved tax initiatives. County commissioners and city and county members may provide extra funding or cut county services. The localized nature of child welfare service delivery funding will continue to be a significant challenge to Colorado's attempts to provide consistent, high-quality services across the state.

## Use of Data

Participants in interviews for this report indicate that smaller counties struggle to keep information updated in TRAILS and make good use of information technology. Difficulties with the TRAILS interface, reported by many interviewees, is the driver of this issue, but again larger counties are able to hire data entry specialists



who can focus on navigating the state's data system, while in smaller counties this task is usually completed by case workers who combine data entry with their other case management tasks. As a result, there is uneven reporting into TRAILS among the various counties. This dynamic is known among county workers, and contributes to a reported lack of trust in the quality of the data coming from TRAILS. PSI and American Humane believe this to be a major factor in the only-moderate use of reports from TRAILS to support case management and service delivery decisions at the county level.

While we did not conduct a formal review of TRAILS for this report, our familiarity with the system gives us some insight into the limitations of the system to support good casework practice. As one example, TRAILS only captures data from the NCFAS-R assessment of each IFPS case at the summary level: item scores are not captured in the system. Without item scores, other case workers, supervisors, and administrators have no insight into the specific issues that impact a worker's decision regarding family reunification.

The fact that TRAILS is SACWIS-compliant does not indicate a strength: collected data is only significant in the way it is used. Introduction of a user-friendly management information system (MIS) with access to comprehensive client data is critical for Colorado child welfare outcomes to improve, regardless of the service delivery system that the state employs. PSI and American Humane strongly encourage the state to address the MIS needs of its case workers, supervisors, and administrators—until it does, we will interpret the states use of data as a challenge.

## **Continuous Quality Improvement**

In June 1994, the CDHS entered into an agreement to settle a class action lawsuit. The Child Welfare Settlement Agreement (CWSA) mandated that the Department address staffing, training, services, and practice, and implement a quality assurance review of County Departments' compliance with terms of the agreement. CDHS created a comprehensive quality assurance system which

1. Established desired outcomes and indicators for tracking performance
2. Produced performance data from case reviews and stakeholder surveys
3. Used the performance data for quality improvement processes

Since the ARD was already conducting reviews in all jurisdictions in the State, this division began collecting additional data regarding the established outcomes and indicators, and created a client satisfaction survey process. Since 1996, the case file of every child in out-of-home care for at least six months has been reviewed to the settlement agreement requirements, which closely mirror ASFA requirements, and a stratified random sample of in-home cases are reviewed semi-annually. The Division of Child Welfare instituted new rules and training requirements, which with the process of conducting case process reviews and qualitative services reviews led to changes in practice and improvements in documentation. Colorado complied with the terms and conditions of the CWSA and it was dismissed without prejudice in November 2001, with the condition that the ARD continue their present review functions.

Administrative Reviews also assess the quality of services delivered. Areas of focus include: safety of the child, special needs, cultural needs, health and educational needs, mental health, progress in care, parent's progress, visitation, compliance with the treatment plan, progress towards alleviating the causes necessitating placement, due process, appropriateness of services, continuing necessity for and appropriateness of the placement, barriers to permanency, whether additional or different services are needed, appropriateness of



permanency goal and date to be achieved, and reasonable efforts to achieve permanency. Quality practice principals are reflected in the review protocol to help communicate to staff the type of case practice that is expected.

Colorado has found a leader in ARD for providing the information needed to engage in continuous quality improvement. However, ARD's role is evaluative only—the Child Welfare Division is formally responsible for the support of best practice and quality assurance among the counties. The entire system would benefit from a stronger working relationship between ARD and the Child Welfare Division, or with the authority for quality assessment and improvement to be vested in ARD.

## Comparison of Child Welfare Systems

As was discussed in Chapter 2, the administration and supervision of child welfare services across the nation is provided in four organizational structures:

1. State-supervised, county-administered (13 states)
2. State-supervised, state-administered (33 states)
3. Privatized (2 states)
4. Hybrid—state-supervised and a combination of state-, regional-, and county-administered (2 states)

No child welfare service delivery system is inherently superior to another. More important to ensuring safety, permanency, and well-being are adequate case manager training; an emphasis on rigorous and accurate assessment of safety and risk; a comprehensive service array to meet family needs; and a process of continuous quality improvement that supports all service delivery units to achieve best practice.

PSI and American Humane recognize that child welfare reform in Colorado will require a fundamental change in the service delivery system in order to overcome organizational inertia and create opportunities for all stakeholders—the state, counties, legislature, local authorities, private provider agencies, and the children and families served—to take new and active roles in the process. We firmly believe that part of the reform planning process should be an evaluation of the strengths and challenges inherent in each type of service delivery system. In evaluating those strengths and challenges against the current needs of Colorado child welfare, we intend to provide a broad foundation on which to build our system redesign recommendations.

The figure below provides a summary level description of the strengths and challenges that PSI and American Humane find to be inherent in the four major child welfare service delivery systems. The information sources used to populate the figure include the literature review and primary research conducted by PSI and American Humane for both this report and the *Organizational Assessment and Recommendations for Improvements for the Colorado Division of Child Welfare*.

**Table 3.1: Strengths and Challenges of Major Child Welfare Service Delivery Systems**

<b>System Structure</b>	<b>Strengths</b>	<b>Challenges</b>
<b>State-Supervised, County-Administered</b>	<ul style="list-style-type: none"> <li>• Highly responsive to local culture, customs, and needs</li> <li>• Local decision making promotes multi-agency planning and service delivery coordination</li> <li>• Promotes strong communication; working relationships with local, private provider agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to ensure consistency in service delivery</li> <li>• Difficult to enforce outcomes-based service delivery</li> <li>• Smaller counties have limited access to resources</li> <li>• Lack of consistent regulation of private provider agencies</li> <li>• Quality assurance and continuous quality improvement difficult to manage</li> </ul>
<b>State-supervised, State - Administered</b>	<ul style="list-style-type: none"> <li>• Strong central control over policy, procedure, budget, and co-location of complementary social services</li> <li>• Supports resource availability for smaller counties</li> <li>• Improved access to training and technical assistance for smaller counties</li> <li>• Consistent regulation of private provider agencies</li> <li>• Quality assurance and continuous quality improvement manageable</li> <li>• Improved consistency in use of data for decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Not as responsive to local culture, customs, and needs as county-administered</li> <li>• Less-intimate working relationships with private provider agencies</li> <li>• Risk of functional silos developing between state agency and regional/field offices</li> <li>• Challenging to create and maintain equitable funding formula to meet changing needs of local jurisdictions</li> </ul>
<b>State/County Hybrid</b>	<ul style="list-style-type: none"> <li>• Autonomy for large, well-resourced counties</li> <li>• State support for smaller, less-resourced jurisdictions</li> <li>• Supports resource availability for smaller counties</li> <li>• Improved access to training and technical assistance for smaller counties</li> </ul>	<ul style="list-style-type: none"> <li>• Divergence of policy interpretation; practice between autonomous large counties and regional jurisdictions</li> <li>• Disagreements over state authority; oversight in autonomous counties</li> <li>• If large counties are self-funding, must advocate for adequate funds with county commissioners/city and county members</li> </ul>
<b>Privatized</b>	<ul style="list-style-type: none"> <li>• Encourages innovation (ex., Kansas “managed care” approach)</li> <li>• Allows state to focus resources on child protective services</li> <li>• State can manage providers through performance-based contracting</li> <li>• Aligns financial incentives with child and family outcomes</li> <li>• Enables enforcement of outcomes-based approach to service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Limited day-to-day interaction in; oversight of provider operations</li> <li>• Risk of inconsistent quality; level of service delivery among providers</li> <li>• Difficult to muster public/legislative support for privatization</li> </ul>



Please note that PSI and American Humane intend this table to be a summary overview of system strengths and challenges, not an exhaustive critique. However, in focusing on the core issues that a child welfare system structure influences—location of authority, resource management, budgeting, compliance and monitoring, and quality assurance/continuous quality improvement—we expect to keep our analysis and recommendation focused on the system only. Issues related to staff training, assessment accuracy, and service array—which we consider to be of equal or greater importance to outcomes for children and families—are held aside for a discussion about Colorado’s model of practice (which we recommend be addressed by the Division as soon as possible).

The purpose of PSI and American Humane’s administrative structure analysis is to answer two questions: what are the prevailing needs of the current child welfare system in Colorado, and within what administrative structure is Colorado most likely to meet those needs? For the purpose of this analysis, we define the state’s “needs” as the eight factors around which Colorado must achieve greater consistency (see above). We then evaluated the degree to which each of the four primary child welfare administrative structures—county-administered, state-administered, state/county hybrid, and privatized—provides a suitable environment for meeting these needs.

Please note that the concept of “suitability” is qualitative: PSI and American Humane use descriptions of the strengths and challenges of each administrative structure as defined by the comparison state child welfare directors/commissioners interviewed for this report. Where an administrative structure is deemed a constructive environment for meeting a specific need, we refer to it as a “strength” of the structure. Where the administrative structure makes addressing a need more difficult, we refer to it as a “challenge” of the structure. Where there was no discernable impact by the administrative structure on addressing a need, we identify the structure as “neutral” regarding that need. The table below illustrates the suitability of each administrative structure for meeting Colorado’s prevailing needs.

**Table 3. 2: Administrative Structure Analysis by Identified Need**

CO Need	Administrative Authority			
	County	State	Hybrid	Private
<b>Safety/Risk Assessment</b>	Challenge	Strength	Challenge	Challenge
<b>Fair Access to Services</b>	Challenge	Neutral	Neutral	Neutral
<b>Performance Assessment</b>	Neutral	Strength	Neutral	Strength
<b>Outcomes Monitoring</b>	Neutral	Strength	Neutral	Strength
<b>Quality Assurance &amp; Improvement</b>	Challenge	Strength	Challenge	Strength
<b>Collaboration</b>	Strength	Challenge	Neutral	Neutral
<b>Resources</b>	Challenge	Neutral	Neutral	Strength
<b>Use of Data</b>	Challenge	Neutral	Challenge	Neutral

The above figure is not intended to be the last word on the best service delivery system for Colorado; instead, we offer it as a tool to provide a high-level look at a.) the major issues impacting child welfare service quality with which Colorado currently struggles, and b.) the degree to which alternate service delivery system may ameliorate those struggles. From that perspective, our analysis suggests that Colorado may benefit from adopting either a state-supervised and state-administered or a privatized service delivery model.





## Would Colorado Fare Better with a State-Administered System?

As the table above illustrates, every administrative structure for child welfare service delivery has strengths and challenges inherent to the system's design. When evaluating administrative structures as part of a broad reform effort, the evaluator must ask whether their current needs could be best met within the context of their current system, or whether a new administrative structure would provide a better environment for meeting those needs. In the case of Colorado, migrating to a state-supervised system is the superior choice. Reasons why such a migration is advisable include:

**Economies of Scale**—migration to a state-administered system will give Colorado the opportunity to gain greater control over administrative costs by consolidating overhead expenditures such as data processing, monitoring and oversight, and information technology support to regional offices. In addition, consolidated service delivery units will allow the state to negotiate beneficial service agreements with private provider agencies, a major component in providing fair access to services for children and families in all counties (urban, rural, and frontier).

**Organizational Decision Making Structure**—Colorado needs a more robust administrative structure to support consistent practice standards and achievement of outcomes for children and families across the state. A state-administered system—organized around regional authorities that serve one or more field offices within the region—can support this effort through equitable resource distribution, development of a practice model appropriate to the region, facilitation of a multi-agency collaboration initiative; and implementation of a continuous quality improvement program.

**“I do not think positive changes could have occurred without changing the entire state structure. There has to be centralization.”**  
- Child Welfare Administrator in State-Administered System

**Outcomes Orientation**—Consolidating administrative responsibilities at the regional level, supported by a regionally focused Division, will allow the state to move child welfare practice across the state to an outcomes orientation. The regional authorities would support practice model clarification; ensure that all field offices manage the data; enforce statewide performance standards; and improve accountability:

## Recommended Service Delivery System for Colorado

An argument could be made for Colorado to embrace privatization—its characteristics of accountability and cost containment correlate to citizens' preference for fiscal conservatism—but PSI and American Humane believe that too much political and perceptual controversy remains attached to privatization for the state to adopt this approach. Colorado needs a solution that can be adopted as quickly and efficiently as possible, maintaining the best elements of the existing system and recasting them for effective deployment in a new, more responsive and accountable system.

Therefore, PSI and American Humane recommend that the State of Colorado adopt a state-supervised and state-administered system. The exact structure of this new state/state system should be the subject of further study and deliberation on the part of CDHS, however based on feedback collected from respondents to the surveys and interviews for this report, as well as information from the *Organizational Assessment and Recommendations for Improvements for the Colorado Division of Child Welfare*, we offer a series of conditions and recommendations for the successful adoption of a state-administered system that is specifically designed to the needs of Colorado. These conditions and recommendations are detailed in Chapter 4 of this report.





## Chapter 4: Recommendations

### ***Introduction***

In this chapter of the report, PSI and American Humane identify and explain our recommendations for improving service delivery performance and outcomes for children and families in the Colorado child welfare system. These recommendations are derived from our analysis of three primary data sources:

1. Structured interviews conducted by PSI and American Humane with county child welfare service delivery staff, county level administrators, and office staff, and family court judges in Colorado
2. Review of the child welfare service delivery system in similarly sized states with state-supervised, county-administered child welfare programs
3. An online survey administered to county child welfare service delivery staff and administrators regarding its organizational and functional priorities and its relationship to the Division

All recommendations are in keeping with evidence-based best practices as defined and/or supported by the National Resource Centers and the federal ACF Children’s Bureau. Two such reports that supports the foundation for the recommendations included in this report are: (1) the document authored by the National Resource Center for Organizational Improvement and National Resource Center for Family – Centered Practice and Permanency Planning, “An Introduction to the Practice Framework: A Working Document Series” specifically “Observations Thus Far”; and (2) “A Framework for Safety in Child Welfare,” authored by the National Association of Public Child Welfare Administrators. These recommendations are intended to provide a solid foundation from which to organize and direct additional reform efforts at the county level.

### ***A State-Administered Child-Welfare System for Colorado***

As was indicated in Chapter 3 of this report, PSI and American Humane recommend that the State of Colorado adopt a state-supervised and state-administered system. The specific structure of a state system is dependent on the needs of the state in question, so additional discussion must be held with all of the stakeholders in this process to ensure that a state-administered system meets the needs of Colorado’s various, disparate communities.

PSI and American Humane understand the exigencies of this effort: CDHS must show meaningful change within a short time frame to meet the requirements set out by the Action Committee, but must also establish a foundation for achieving improved long-term results for children and families. Based on the research and data collection conducted for this report, as well as the *Organizational Assessment and Recommendations for Improvements for the Colorado Division of Child Welfare*, we believe that the state would be best served in meeting these goals by using a three-phase approach to adopting the new system. The details for conducting each of the three phases is a topic for discussion and agreement between the Action Committee and CDHS leadership, however at a high level PSI and American Humane recommend the following:

### **Phase 1 – Regionalize the Functions of the Division**

Referencing the report *Organizational Assessment and Recommendations for Improvements for the Colorado Division of Child Welfare*, submitted to the Division by PSI and American Humane in February 2009, we must reinforce the critical importance of CDHS adopting an association model for its organization, focusing its resources on meeting the needs of the counties to embrace best practices, engage in continuous quality improvement, and



provide superior child welfare service to local children and families in need. We acknowledge that the needs of the counties throughout Colorado are many and varied, and the results of the recently completed 2<sup>nd</sup> round Child and Family Service Review (CFSR) indicate significant variance in the capabilities of county agencies and availability of needed services in low-population-density areas. That’s why PSI and American Humane recommend the adoption of a regional structure by the Division, one that places state employees in the field to provide direct support, technical assistance, monitoring, and resource facilitation to county-based social workers. While definition of the number and organization of regions is beyond the scope of this report—it should be the subject of a special project sponsored by the state—an example of how to being categorizing regions might include:

1. Large counties operating as their own independent regions
2. Multi-county regions with a large county providing operational leadership for the region
3. Multi-county regions composed of urban, rural, and frontier counties, with a Division office established centrally within the region

## **Phase 2 – Integrate with CDHS Administrative Functions**

PSI and American Humane also recommend that CDHS look at its existing Field Administration Division (FAD) as a model for regionalization of the Division, and possibly establish an agreement between FAD and the Child Welfare Division to co-locate services, establish working relationships with the counties, and work together on implementing an expanded Collaborative Management Program (CMP) within the region (see recommendation 4, below). It should also be the responsibility of the regional offices to advocate for and secure appropriate resources needed by each county to meet the needs of their clients’ service plans. It should additionally be the intention of CDHS to use the strategic partnership between FAD and the Child Welfare Division as the test case for regionalizing all social services in Colorado.

## **Phase 3 – Regionalize the Functions of All Social Service Delivery**

In recognition that Colorado must undertake systemic change to address its underlying child welfare service delivery challenges, and that our own analysis—along with that of other stakeholders over the past 20 years—indicate that intensive local control of service standards has led to highly idiosyncratic service delivery across the state, PSI and American Humane believe that a version of service delivery regionalization is the optimal approach to system reform.

That said, PSI and American Humane have no confidence that the Division can “go it alone” with a system reform plan and expect success: child welfare is inherently dependent on the joint efforts of multiple social service modalities to meet the needs of its clients, i.e., public assistance and housing. Some of these systems, at present, remain the purview of the county commissioners and city and county members. By removing child welfare from its local context, and the inherent network of support achieved through its county presence, the Division would eliminate the one strength of the current state-supervised, county-administered system that Colorado must work to maintain: responsiveness to local needs.

For these reasons, PSI and American Humane consider regionalization of all CDHS services a condition of success for child welfare reform. We understand, in articulating this condition, that some stakeholders will be concerned about delays in achieving the goals of the Action Committee and committing to a plan of action by December 31, 2009. PSI and American Humane council CDHS and its stakeholders to treat Condition 2 as



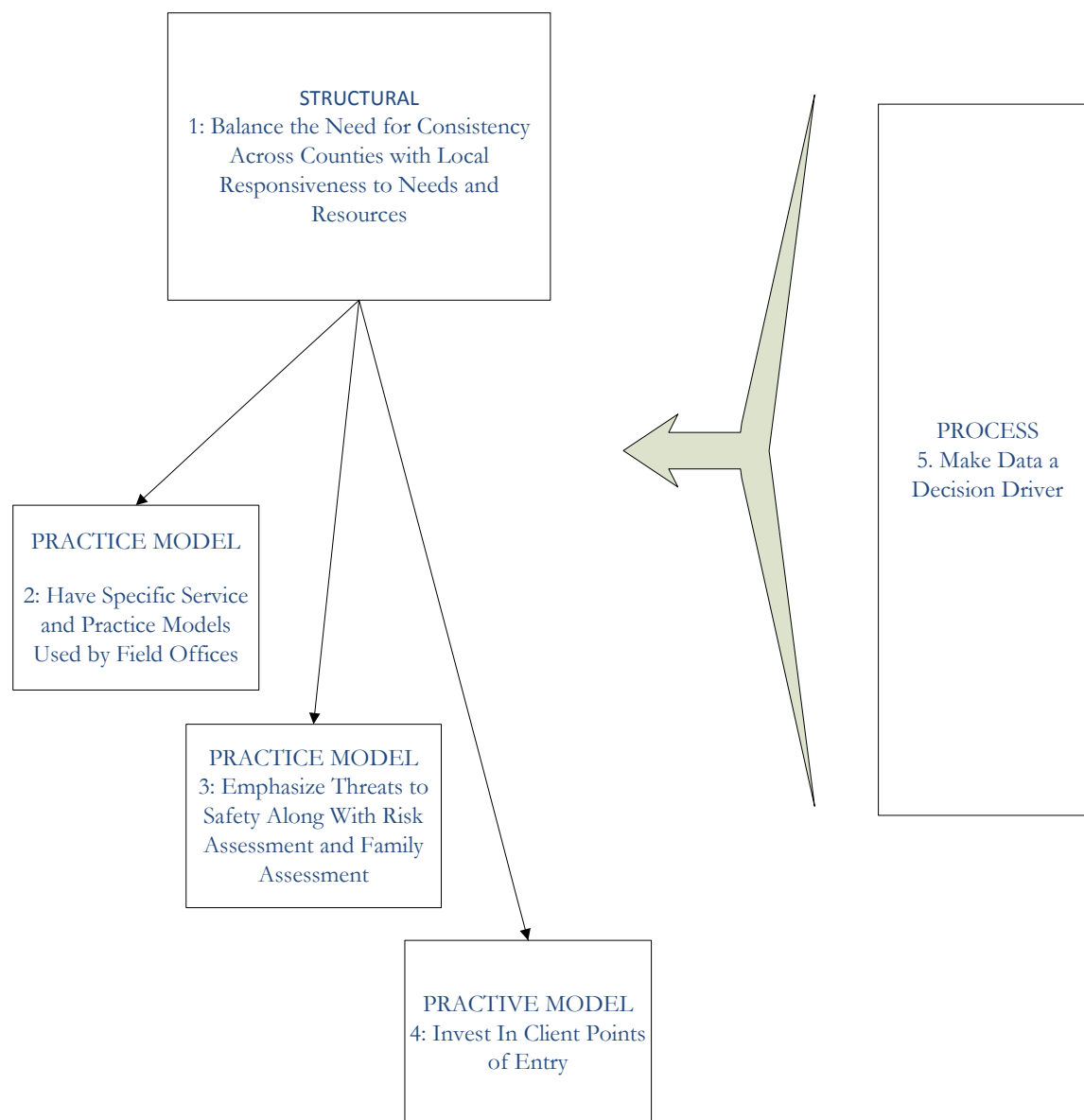
the “long-term” condition, with regionalization of child welfare services being the first step toward full social service regionalization, an effort that is likely to take 36- to 48-months in full.

### ***Recommendations to Support System Reform Success***

Meeting the conditions described above will take agreement and coordinated effort on the part of CDHS, the Division, county commissioners/city and county members, the Governor, State Legislature, and the local stakeholders and consumers of social services in Colorado. There will be no “silver bullet” for the State’s social service challenges, some of which have been structurally and culturally reinforced for generations. However, the following recommendations will provide the state with a set of concrete tasks to undertake, which should not only put the child welfare system on a clear path to reform, but pave the way toward a better social service delivery system for all Coloradans.

Recommendations are in three broad areas. The principle structural recommendation addresses the degree of centralization of child welfare. Three Practice Model recommendations address priorities for consistency across counties which would be driven by collaborative values. The final Process recommendation addresses decision support information. The relationships between these recommendations are presented in Figure 1. This shows the Practice Model recommendations flow from the principle structural recommendation while data informs the decisions related to the other four recommendations.

**Figure 4.1: Relationships Among Recommendations**



**Recommendation 1: Balance the Need for Consistency Across Counties with Local Responsiveness to Needs and Resources**

Colorado has been highly responsive to local community needs through its state-supervised, county-administered system; however, it has also struggled with defining performance and outcome standards that apply to all counties, regardless of their size or sophistication. This has contributed to the lack of consistency in service delivery across the state, a major factor in Colorado’s poor performance on its 2<sup>nd</sup> round CFSR. PSI and American Humane recommend that the state address these discrepancies by implementing a performance evaluation model based on the System of Care approach developed for Child and Adolescent Mental Health. The core principles of System of Care provide a valid foundation for a statewide evaluation of child welfare



service delivery, especially once multi-agency services become the norm for all county agencies. They are proven effective in helping children with multiple presenting issues make demonstrable gains in functionality at home, at school, and in the community. Moreover, they can be organized around a set of top-level outcome measures for child and family functionality that enable the state to compare performance across service regions, but provide sufficient flexibility for each region to determine the best way to achieve those outcomes. The recommended statewide performance evaluation, based on a System of Care model, must be coupled with a continuous quality improvement program that allows counties to set a current baseline for performance and then reward improvements beyond the baseline. This would build utilization or evaluation results into the model from the beginning. PSI and American Humane recommend that the new regional Division offices be responsible for administering this continuous quality improvement program. It is also strongly recommended that CDHS implement the organizational restructuring recommendations from Phase 1 of this organizational assessment project. In doing so, it is critical that they be fully staffed to be in a position to transfer from a strictly “compliance” focus to then balance that focus with a technical assistance and supportive role. This will become essential in the transition from a county administered state supervised system to a full state administered system. The need to build credibility with the counties and demonstrate strong and decisive leadership will have a strong impact on the success of this transition.

## **Recommendation 2: Have Specific Service and Practice Models Used by Field Offices**

Within both academic and direct service circles, the discussion remains active about how to define a model of practice for child welfare, arguably one of the most complex service systems in operation. PSI and American Humane believe strongly in the best practice principles articulated by Lisbeth B. Schorr, Harvard School of Medicine Lecturer and author of *Within Our Reach: Breaking the Cycle of Disadvantage*. Schorr suggests that models of practice must be evidence-based, clearly articulated, rigorously followed, and appropriately adapted to the needs of local communities and service providers. Without these characteristics, most efforts to establish a model of practice will be frustrated by inertia and a lack of common effort. For the purposes of this report, PSI and American Humane define a model of practice as:

***Universally applied standards for service, performance, and outcomes as they pertain to maltreatment allegation response; determination of risk and threats to safety; service planning; service array; achievement of client goals; and continuous quality improvement.***

The data gathering component of this project brought PSI and American Humane into contact with counties participating in the Collaborative Management Program (CMP), a child-welfare-focused program authorized by Colorado House Bill 1451 and funding Interagency Oversight Groups (IOGs) and case management practices that involve services provided by child protective services, mental health, juvenile justice, health and environment, school districts, and community centers. Modeled after the Boulder Impact Model of Collaborative Management, CMP is highly valued by participating counties as effective and efficient, and those counties making the most sophisticated use of CMP principles are showing measurable results with regard to a.) limiting duplication of services and b.) improving outcomes for children and families. Moreover, CMP provides the necessary framework to deliver coordinated multi-agency services that has proven to be effective in both containing costs and improving results for clients in other child welfare agencies. PSI and American Humane strongly recommend that the Colorado Legislature approve funding to implement CMP in all Colorado counties, and that the Division support this implementation by providing the necessary



collaboration models, technical assistance, and success tracking for each IOG through its new regional structure.

### **Recommendation 3: Emphasize Threats to Safety Along With Risk Assessment and Family Assessment**

Colorado’s adoption of discrete safety, risk, and family reunification tools provides the basis of effective safety management throughout the life of child protection cases. Unfortunately, the application of these tools in the field has not translated to reliably accurate assessment of child safety. Reasons for this lack of consistent success range from insufficient training to inconsistent application of the tool, or in some cases the outright rejection of the use of provided tools in favor of more idiosyncratic, anecdotal methods of assessment based on social workers’ familiarity with individuals, families, and the circumstances at hand. PSI and American Humane acknowledge the complexity and level of detail necessary for thorough risk and safety assessment, however it must be enforced throughout Colorado as the basis for all assessment related to CPS cases. We recommend more intensive training for new social workers in the use of the Colorado Safety Assessment Tool/Plan, the Colorado Risk Assessment Tool, and the North Carolina Family Assessment Scale – Revised (NCFAS-R) and NCFAS which is completed for children when they are in home and not in placement. This intensive training should include a monitored on-the-job training component, periodic evaluations of the accuracy of assessments for all social workers, and specialized training in evaluating threats to safety, assessment of parental protective capacities and risk of maltreatment for workers on cases after the investigative/assessment phase, including those specializing in permanency. We recognize that the pending implementation of the Caseworker Training Academy will provide an opportunity to implement some of the recommendations in this report.

### **Recommendation 4: Invest In Client Points of Entry**

No functions have as much influence over the “arc” of a child welfare case as hotline and intake. Decisions made by hotline and intake staff establish a precedent for the type, duration, and intensity of agency intervention that is rarely contra-indicated at later stages of the child welfare case process. Decisions affecting racial and ethnic disparity may begin with these early functions in a case. There is evidence of both swollen populations with accompanying pressure on limited resources as well as vulnerable children and families who remain unserved. Intake practices are a structural defect of many child welfare systems, including Colorado’s, and must be rebuilt to:

- Receive and log all calls with descriptors of presenting issues, helping to emphasize accurate categorization of allegations
- Explicit screening decision criteria
- Assessment of risk and threats to safety (see Recommendation 3, above)
- Timely pass-through to case decision makers
- Support robust differential response of an investigative approach to a case or a voluntary services approach to a case that gives families in every county across the state access to services that are appropriately scaled to their presenting needs

Moreover, the degree of turnover among intake workers tends to be the highest of all child protective service functions, entrusting the least experienced team members in charge of one of the most important functions in





the life of a case. Colorado must increase its efforts to retain experienced hotline and intake staff, and provide more intensive training to workers that includes a monitored on-the-job training component.

### **Recommendation 5: Make Data a Decision Driver**

Respondents to the surveys and interviews for this project indicate a reasonable acceptance of using data to support their service delivery and operations decisions. However, difficulties with using the reporting system in TRAILS and a lack of support for real-time data analysis has either limited agencies' ability to make best use of this data, or inspired them to develop their own data solutions with locally funded data collection and reporting tools. Moreover, difficulty with accessing and using TRAILS increases case worker time spend on administrative overhead, leaving less time for meeting and addressing the needs of children and families.

PSI and American Humane recommend that CDHS aggressively pursue funding to make modifications to the reporting function in TRAILS, and to provide all counties and regions with access to pre-designed reports and training for how to develop customized reports for local use. Moreover, the state should design and disseminate a core set of reports that will be used to track child welfare service quality at the regional and county level. These reports should be at a “dashboard” level, making them easy to use and understand, and provide clear comparisons across all service delivery agencies.

PSI and American Humane also recommend that the responsibility for managing this reporting function either be given: (1) to a new, adequately resourced section with the Division of Child Welfare; (2) the Administrative Review Division (ARD); or (3) to a newly established entity within CDHS but independent of the Division.

This recommendation is based upon the functional information needs of child welfare in Colorado. There are four functions a data solution for Colorado child welfare that must be present for data to truly become a driver of service delivery decision making (regardless of who's responsible for the data analysis or in what agency it sits):

1. The data solution's data collection operations must have universal reach into all service delivery units across the state, and collect the same data using the same data definitions.
2. The metrics and measures used by the data solution must allow for accurate cross-county comparison of service delivery performance and outcomes for children and families; it must also use a change-from-baseline approach to reporting on the data to support statewide application of a continuous quality improvement program for all service delivery units.
3. The data solution must include a management information system that generates relevant, timely, and action-oriented information for all levels of the agency--directors, administrators, supervisors, and workers--to manage casework practice and anticipate broad shifts in the needs of the children and families they serve.
4. When the data solution generates information that demonstrates superior or highly effective performance or outcomes, these results could be shared as model programs to emulate. When there is critical or chronic underperformance by a service delivery unit in Colorado, this must initiate an intervention response. Preferably, this would be a graduated process that allows for meaningful participation in the solution by the service delivery unit in question, and will be executed through their continuous quality improvement program.





## Chapter 5: Next Steps

From our vantage point, we see that many capable contributors have made recommendations to the state over the past 20 years for improving social service delivery; few of these recommendations, however, have translated to action. PSI and American Humane understand this inertia to be an inherent by-product of Colorado's current state-supervised, county-administered system: any change to the child welfare service delivery system must be agreed upon by a majority of counties to be adopted, and then enacted by each of the 64 county child welfare directors, with support and financial contributions of their county commissioners and city and county members. Simply put, without a change to the structure of the current system, meaningful reform to service delivery will continue to elude the state.

PSI and American Humane hope that all stakeholders in the child welfare reform process—county staff, commissioners/city and county members, Division staff, CDHS, the state legislature, private provider agencies, and the children and families that receive services—will play an active role in building the new system. But it will be the Action Committee, in conjunction with CDHS, which must provide the blue print. To that end, PSI and American Humane see the following tasks as crucial for moving the reform process its current assessment phase to decision and then action.

- Action Committee endorses implementation of new, state-administered system as core strategy for child welfare reform.
- Action Committee publishes commitment to all recommendations in this report and the February 2009, *Organizational Assessment and Recommendations for Improvements to Colorado Child Welfare* report.
- CDHS designates team to establish new funding model for social service delivery; works with Governor's Office and State Legislature to approve model.
- CDHS constructs detailed project plan to guide three-phase transition to full regionalization of social service delivery.
- Upon publication of project plan, CDHS prioritizes establishment of service regions; location of Child Welfare Division functions and services within regions.
- CDHS begins reorganization of administrative responsibilities to support regionalized child welfare:
  - Collaboration Memo's of Understanding (MOUs) with Field Administration Division
  - Multi-Agency Collaboration MOUs with juvenile justice, behavioral health, health care; education; and community provider agencies
  - Continuous Quality Improvement initiative through Administrative Review Division
- CDHS establishes change management program to facilitate stakeholder involvement—county staff, commissioners/city and county members, Division staff, CDHS, the state legislature, private provider agencies, and the children and families that receive services—in system change.
- As part of change management, CDHS establishes ombudsman function to manage issues, concerns, and complaints of stakeholders during system change.





## **List of Appendices**

Appendix A: Survey Questionnaires

Appendix B: Survey Results

Appendix C: Interview Protocols

Appendix D: Colorado Counties Statistical Indicators Sources

Appendix E: Colorado Demographic and Child Welfare Performance Indicators

Appendix F: Comparison State Child Welfare Statistics, 2006-07





## **Appendix A: Survey Questionnaire**

The survey questionnaire begins on the following page.





# **Child Welfare Operations Survey**

## **SURVEY OF COUNTY CHILD WELFARE OPERATIONS**

The Colorado Department of Human Services, Division of Child Welfare Services through an independent contractor, is conducting a statewide study of child welfare operations. As part of that study, we are trying to understand the challenges facing county child welfare offices and other stakeholders. We appreciate your answers to the survey questions below.

This survey is being conducted for organizational improvement purposes only. It is NOT being conducted for regulatory or oversight purposes. We are asking for your views about important areas of State and Local organizations. Also, please be assured that your responses will not be identified with you individually or with your county. We will enter the information into a database without identifiers, destroy the original survey instrument, and then compile and tabulate the information for all counties together or groups of counties (e.g., large, medium, small) before we present the findings to the Department of Human Services.

Thank you for your cooperation in this data collection effort. Your responses are critically important to the success of our study.

Please respond by May 13, 2009.

Please continue to the next page to complete the survey. If any questions do not apply, you may leave the question blank.

**1. Mail:**

send your completed survey by mail to Anastasia Navarro; Policy Studies Inc.; 1899 Wynkoop Street, Suite 300; Denver, Colorado 80202.

**2. Fax:**

submit your completed survey by fax to Anastasia Navarro at 303-295-0244.

**3. E-mail:**

you may contact Anastasia Navarro at [anavarro@policy-studies.com](mailto:anavarro@policy-studies.com) and she will send you a Word version of the survey that you can complete and return via e-mail.

If you have questions about or need assistance with this survey, please call Anastasia Navarro at 303-863-0900.

If you do not have access to the internet, you may complete and submit your survey using any of the following options:



## INFORMATION SOURCES

1. Using the scale below, please tell us how much you agree or disagree with each of the following statements.

(Please check one answer for each statement.)

### Statement

**a. I trust the accuracy of the information I receive from the State Division of Child Welfare Services.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**b. I trust the accuracy of the information I receive from the Administrative Review Division.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**c. I trust the accuracy of the information I receive from the Program Reviews in my county.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**d. I trust the accuracy of the information I receive from the State Board.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

[ ] **No, we do not.**

*{Choose if appropriate}*

**The reason(s) we do not is that we...**

*{Choose all that apply}*

- Do not have sufficient staff
- Do not have sufficient training
- Do not have sufficient time
- Do not have sufficient resources
- Do not need the information
- Have the relevant information in Trails
- Other (please specify): [ \_\_\_\_\_ ]

**2. Does County staff generate county-level aggregate or trend reports based on Trails data?**

**We produce the following reports routinely.**

*{Choose all that apply}*

- County level financial data
- Placement re-entry rates
- Average tenure of child in his/her community after placement discharge
- Length of time in placement
- Placement type of facility-specific reports
- Summary Risk and Safety reports
- Caseworker specific reports
- Other (please specify): [ \_\_\_\_\_ ]

**Yes, we do.**

*{Choose if appropriate}*

**(Please check all that apply)**

**(Please check all that apply)**

**3. Does your county have a secondary data system to supplement Trails?**

*{Choose one}*

- No (skip to COMMUNICATION section of survey)
- Yes, and the name of the program is [ \_\_\_\_\_ ]

**4. If your county has a secondary data system, please identify the functions that system performs from the list below. (Please check all that apply.)**

*{Choose all that apply}*

- Client demographics
- Foster care placements
- Intake
- Adoptive placements
- Assessment
- ICPC
- Case plan
- IV-E eligibility
- Case notes
- AFCARS data
- Service delivery
- NCANDS data
- Private provider agency contacts
- Client outcomes reporting
- Other DHS agency contacts
- Caseworker performance reporting
- Other (Please specify): [ \_\_\_\_\_ ]

**5. How do you fund your county's secondary data system? (Please check all that apply.)**

*{Choose all that apply}*

- County dollars
- Private
- State dollars
- Federal dollars
- Don't Know / Not Sure
- Other (please specify): [ \_\_\_\_\_ ]



**Statement**

**a. I receive timely information from the State Division of Child Welfare.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**b. I receive timely information from the Administrative Review Division.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**c. I receive timely program review information.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**d. I receive timely information from the State Board.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**e. Communication and explanation of policy from the State Division of Child Welfare meets my needs.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**COMMUNICATION**

**6. Using the scale below, please tell us how much you agree or disagree with each of the following statements.  
(Please check one answer for each statement.)**

**Statement**

**f. I have a clear understanding of policy.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**g. I have a clear understanding of procedure and how to apply best practices.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**h. I have effective working relationships with private providers serving my county.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**i. I have effective working relationships with intake workers in other counties.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**j. I have effective working relationships with referral workers in other counties.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**k. I have effective working relationships with workers in other counties regarding case transfers.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**l. I have effective working relationships with workers in other counties regarding change of venue issues.**



*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**m. I have effective working relationships with workers in other counties regarding conflict of interest cases.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**n. I have effective working relationships with supervisors in other counties.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

## HOTLINE

**Days of the Week**

*{Enter text answer}*

[ \_\_\_\_\_ ]

**7. What are the operating times of your hotline?**

**Hours of Operation**

*{Enter text answer}*

[ \_\_\_\_\_ ]

**8. What is the minimal level of education you require of your hotline staff? (Please check one.)**

*{Choose one}*

- High school graduate/GED
- Associates degree
- College graduate
- Bachelors or Masters of Social Work Required
- No minimum
- Don't know/Not Sure
- Less than high school graduate (Please specify grade level) [ \_\_\_\_\_ ]

**9. Does your county ask standardized hotline questions when receiving a report of abuse/ neglect?**

*{Choose one}*

- Yes
- No
- Don't Know / Not Sure

**10. In your opinion, should the hotline be centralized (statewide or regionally)?**

*{Choose one}*

- Yes, statewide
- Yes, regionally
- No, it should not be centralized
- Don't Know / Not Sure

**11. Does your county have a process for conducting quality assurance on your hotline?**

*{Choose one}*

- Yes
- No
- Don't Know / Not Sure

## **SERVICE DELIVERY**

### **Service**

**a. Assessment, including psychological testing**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**b. Individual therapy/counseling**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**c. Group therapy (e.g., offense-specific therapy, substance abuse, sexual safety, grief and loss, problem solving)**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**d. Family therapy**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**e. Educational groups (e.g., teen parenting, early childhood development, smoking cessation, independent**



**living skills)**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**f. Psychiatric services and medication management**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**g. Day treatment**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**h. Special services (physical, occupational, speech)**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**i. Recreational therapy (sports, yoga, etc.)**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**j. Vocational therapy**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**k. Substance abuse treatment**



*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**l. Community services/restorative justice services**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**m. Legal services**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**n. Medical services**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**o. Services delivered in the client's home**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**p. Preventive services (anger management, parenting classes, etc.)**

*{Choose one}*

- County Staff
- Contractors
- County Staff & Contractors
- Volunteers
- Do not provide
- Don't Know / Not Sure

**q. Community activities**

*{Choose one}*



**Statement**

**a. I consult with the State Division of Child Welfare on policy and best practice issues.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**b. I consult with the State Division of Child Welfare in major service delivery decisions.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**c. I consult with the Administrative Review Division on policy and best practice issues.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**Statement**

**d. I consult with the Administrative Review Division on major service delivery decisions.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**e. I consult with my Program Reviewers on policy and best practice issues.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**f. I consult with my Program Reviewers on major service delivery decisions.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree



- Strongly Agree
- Don't Know / Not Sure

**g. I use information generated by the State board to address policy and best practice issues.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**h. I use information generated by the State board on major service delivery decisions.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**i. Case workers in my county solicit information from children, families, and the community regarding their opinions of agency policy and best practice.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**j. Case workers in my county solicit information from children, families, and the community regarding how services are delivered.**

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

**Case Related Activity**

**a. General communication**

*{Choose all that apply}*

- Other Counties
- Private Service Providers
- Behavioral Health
- Youth Corrections
- Policy
- Courts

**b. Client information sharing**

*{Choose all that apply}*

- Other Counties

- Private Service Providers
- Behavioral Health
- Youth Corrections
- Policy
- Courts

**c. Client needs assessment**

*{Choose all that apply}*

- Other Counties
- Private Service Providers
- Behavioral Health
- Youth Corrections
- Policy
- Courts

**d. Service coordination/sharing**

*{Choose all that apply}*

- Other Counties
- Private Service Providers
- Behavioral Health
- Youth Corrections
- Policy
- Courts

**e. Case progress evaluation**

*{Choose all that apply}*

- Other Counties
- Private Service Providers
- Behavioral Health
- Youth Corrections
- Policy
- Courts

**f. Case closure**

*{Choose all that apply}*

- Other Counties
- Private Service Providers
- Behavioral Health
- Youth Corrections
- Policy
- Courts

**g. Client outcomes**

*{Choose all that apply}*

- Other Counties
- Private Service Providers
- Behavioral Health
- Youth Corrections
- Policy
- Courts

**h. Safety assessment**

*{Choose all that apply}*

- Other Counties
- Private Service Providers



- Behavioral Health
- Youth Corrections
- Policy
- Courts

**i. Risk assessment**

*{Choose all that apply}*

- Other Counties
- Private Service Providers
- Behavioral Health
- Youth Corrections
- Policy
- Courts

**j. Court reports**

*{Choose all that apply}*

- Other Counties
- Private Service Providers
- Behavioral Health
- Youth Corrections
- Policy
- Courts

**18. For each of the case-related activities below, please identify each stakeholder with which your county has a formal communications process.**

## **ACTION AND RESULTS**

**19. Using the scale below, please tell us how satisfied you are with each of the following: (Please check one answer for each statement.)**

### **Statement**

**a. Foster care recruitment in my county.**

*{Choose one}*

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- Don't Know / Not Sure

**b. Adoptive family recruitment in my county.**

*{Choose one}*

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- Don't Know / Not Sure

**c. Foster care family retention in my county.**

*{Choose one}*

- Very Dissatisfied
- Dissatisfied

- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- Don't Know / Not Sure

**d. Adoptive family support efforts in my county.**

*{Choose one}*

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- Don't Know / Not Sure

**Statement**

**a. Communication from the State to our county regarding policies is ...**

*{Choose one}*

- Poor
- Fair
- Neither Excellent nor Poor
- Good
- Excellent
- Don't Know / Not Sure

**b. Communication within our county regarding policies is ...**

*{Choose one}*

- Poor
- Fair
- Neither Excellent nor Poor
- Good
- Excellent
- Don't Know / Not Sure

**c. Communication between our county and our local community providers is ...**

*{Choose one}*

- Poor
- Fair
- Neither Excellent nor Poor
- Good
- Excellent
- Don't Know / Not Sure

**d. Communication between our county and other counties is ...**

*{Choose one}*

- Poor
- Fair
- Neither Excellent nor Poor
- Good
- Excellent
- Don't Know / Not Sure

**20. Using the scale below, please rate each of the following based on your experience. (Please check one answer for each statement.)**

**21. Using the scale below, please tell us how satisfied you are with the communication between your county**



and other counties with respect to each of the following functions. (Please check one answer for each statement.)

**Statement**

**a. Referral**

*{Choose one}*

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- Don't Know / Not Sure

**b. Intake**

*{Choose one}*

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- Don't Know / Not Sure

**c. Case transfer**

*{Choose one}*

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- Don't Know / Not Sure

**d. Change of venue**

*{Choose one}*

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- Don't Know / Not Sure

**e. County supervision**

*{Choose one}*

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- Don't Know / Not Sure

**f. Conflict of interest cases**

*{Choose one}*

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied



- Satisfied
- Very Satisfied
- Don't Know / Not Sure

**22. Below is a list of potential outcome measures. For each, please tell us how important it is in your opinion to invest resources to capture, process, and report the information on a county level. (Please check one for each measure)**

**Statement**

**a. Lack of recurrence of maltreatment**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**b. Runaway behaviors**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**c. Rate of re-entry into in-home care**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**d. Rate of re-entry into out-of-home care**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**e. Success in school**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure



**f. Emotional and behavioral indicators/ symptoms**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**g. Family reunification**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**h. Graduation from high school/receipt of GED**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**i. Drug/alcohol use**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**j. Teen pregnancy**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**k. Gainful employment**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**l. Healthy interpersonal relationships**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**m. Ability to seek help when necessary from mental health system**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**n. Movements to lower levels of care are maintained**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**o. Length of time in the community**

*{Choose one}*

- Extremely Important
- Very Important
- Important
- Slightly Important
- Not at all Important
- Don't Know / Not Sure

**Other (please specify):**

*{Enter text answer}*

[ \_\_\_\_\_ ]

## HUMAN RESOURCES

**23. Using the scale below, please rate how well staff recruitment and retention work in your county.**

**Statement**

**a. Staff recruitment**

*{Choose one}*

- Poor
- Fair
- Neither Excellent nor Poor
- Good
- Excellent
- Don't Know / Not Sure

**Staff Retention**

*{Choose one}*



- Poor
- Fair
- Neither Excellent nor Poor
- Good
- Excellent
- Don't Know / Not Sure

**24. In the space below, please add any comments you would like to share about child welfare operations in your county.**

*{Enter answer in paragraph form}*

[ ]

**25. Please identify your County as small, medium, or large**

*{Choose one}*

- Small
- Medium
- Large

**26. In which Colorado County do you work?**

*{Choose one}*

- Adams
- Alamosa
- Arapahoe
- Archuleta
- Baca
- Bent
- Boulder
- Broomfield
- Chaffee
- Cheyenne
- Clear Creek
- Conejos
- Costilla
- Crowley
- Custer
- Delta
- Denver
- Dolores
- Douglas
- Eagle
- El Paso
- Elbert
- Fremont
- Garfield
- Gilpin
- Grand
- Gunnison
- Hinsdale
- Huerfano
- Jackson
- Jefferson
- Kiowa
- Kit Carson
- La Plata

- Lake
- Larimer
- Las Animas
- Lincoln
- Logan
- Mesa
- Mineral
- Moffat
- Montezuma
- Montrose
- Morgan
- Otero
- Ouray
- Park
- Phillips
- Pitkins
- Prowers
- Pueblo
- Rio Blanco
- Routt
- Saguache
- San Jaun
- San Miguel
- Sedgwick
- Summit
- Teller
- Washington
- Weld
- Yuma

**27. Please provide the agency or entity in which you work:**

*{Enter text answer}*

[ \_\_\_\_\_ ]

**28. Please provide your Title:**

*{Choose one}*

- Senior Management
- Administrator / Supervisor
- Case Worker / Specialist
- Multiple Titles

**(Asked only so we make certain we have good representation from agencies throughout the State; information will not be used to identify survey respondents)**

**Thank you for your help completing this survey.**





## **CHILD WELFARE SURVEY FOR COUNTY COMMISSIONERS/CITY AND COUNTY STAFF**

The Colorado Department of Human Services, Division of Child Welfare Services through an independent contractor, is conducting a statewide study of child welfare operations. As part of that study, we are trying to understand the challenges facing county child welfare offices and other stakeholders. We appreciate your answers to the survey questions below.

This survey is being conducted for organizational improvement purposes only. It is NOT being conducted for regulatory or oversight purposes. Please be assured that your responses will not be identified with you individually or with your county. We will enter the information into a database without identifiers, destroy the original survey instrument, and then compile and tabulate the information for all counties together or groups of counties (e.g., large, medium, small) before we present the findings to the Department of Human Services.

Thank you for your cooperation in this data collection effort. Your responses are critically important to the success of our study. Please continue to the next page to complete the survey. If any questions do not apply, you may leave the question blank.

Please respond by **May 19, 2009**.

If you do not have access to the internet, you may complete and submit your survey using any of the following options:

**1. Mail:**

send your completed survey by mail to Anastasia Navarro; Policy Studies Inc.; 1899 Wynkoop Street, Suite 300; Denver, Colorado 80202.

**2. Fax:**

submit your completed survey by fax to Anastasia Navarro at 303-295-0244.

**3. E-mail:**

you may contact Anastasia Navarro at [anavarro@policy-studies.com](mailto:anavarro@policy-studies.com) and she will send you a Word version of the survey that you can complete and return via e-mail.

If you have questions about or need assistance with this survey, please call Anastasia Navarro at 303-863-0900.

## QUESTIONS

Using the scale below, please tell us how much you agree or disagree with each of the following statements.

(Please check one answer for each statement.)

1. All Colorado's social services programs are state supervised (i.e., program oversight) and county administered (i.e., counties operate their own programs).

- a. In my opinion, Colorado's child welfare program should be operated by the state, not by the counties.

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

- b. In my opinion, all Colorado's social services programs should be operated by the state, not by the counties.

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

2. If the State assumes responsibility for child welfare program operations, each county should have a child welfare office.

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

3. If there is no change in the State-County responsibility for the child welfare program:

- a. The State should mandate that all county-run systems use the same method of reporting so that the outcomes from county programs can be compared.

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree





- Strongly Agree
- Don't Know / Not Sure

b. The State should have the power to mandate changes in county programs that fall out of compliance.

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

4. If the current economic climate continues, my county will have to decrease its existing level of funding for child welfare program operations.

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure

5. If my county offered more child protection awareness programs, the number of child placements would not increase as fast as they are currently increasing.

*{Choose one}*

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Don't Know / Not Sure



## **Appendix B: Survey Results**

The survey questionnaire begins on the following page.





# Child Welfare Questions for County Staff

	Count	Percent
<b>a. I trust the accuracy of the information I receive from the State Division of Child Welfare Services.</b>		
(Not Answered)	3	1.41 %
Strongly Disagree	6	2.82 %
Disagree	20	9.39 %
Neither Agree nor Disagree	27	12.68 %
Agree	111	52.11 %
Strongly Agree	40	18.78 %
Don't Know / Not Sure	6	2.82 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

<b>b. I trust the accuracy of the information I receive from the Administrative Review Division.</b>		
(Not Answered)	3	1.41 %
Disagree	25	11.74 %
Neither Agree nor Disagree	21	9.86 %
Agree	95	44.60 %
Strongly Agree	62	29.11 %
Don't Know / Not Sure	7	3.29 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

<b>c. I trust the accuracy of the information I receive from the Program Reviews in my county.</b>		
(Not Answered)	2	0.94 %
Strongly Disagree	1	0.47 %
Disagree	22	10.33 %
Neither Agree nor Disagree	26	12.21 %
Agree	111	52.11 %
Strongly Agree	37	17.37 %
Don't Know / Not Sure	14	6.57 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

<b>d. I trust the accuracy of the information I receive from the State Board.</b>		
(Not Answered)	4	1.88 %
Strongly Disagree	1	0.47 %
Disagree	8	3.76 %
Neither Agree nor Disagree	50	23.47 %
Agree	78	36.62 %
Strongly Agree	29	13.62 %
Don't Know / Not Sure	43	20.19 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**No, we do not.**

(Not Answered)	168	78.87 %
No, we do not.	45	21.13 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**The reason(s) we do not is that we...**

(Not Answered)	161	63.39 %
Do not have sufficient staff	13	5.12 %
Do not have sufficient training	21	8.27 %
Do not have sufficient time	21	8.27 %
Do not have sufficient resources	11	4.33 %
Do not need the information	3	1.18 %
Have the relevant information in Trails	11	4.33 %
Other (please specify):	13	5.12 %
<b>Total Responses</b>	<b>254</b>	<b>100.00 %</b>

**We produce the following reports routinely.**

(Not Answered)	72	11.56 %
County level financial data	75	12.04 %
Placement re-entry rates	79	12.68 %
Average tenure of child in his/her community after placement discharge	38	6.10 %
Length of time in placement	99	15.89 %
Placement type of facility-specific reports	75	12.04 %
Summary Risk and Safety reports	58	9.31 %
Caseworker specific reports	109	17.50 %
Other (please specify):	18	2.89 %
<b>Total Responses</b>	<b>623</b>	<b>100.00 %</b>

**Yes, we do.**

(Not Answered)	78	36.62 %
Yes, we do.	135	63.38 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**3. Does your county have a secondary data system to supplement Trails?**

(Not Answered)	17	7.98 %
No (skip to COMMUNICATION section of survey)	137	64.32 %
Yes, and the name of the program is	59	27.70 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>



**4. If your county has a secondary data system, please identify the functions that system performs from the list below. (Please check all that apply.)**

(Not Answered)	147	33.33 %
Client demographics	38	8.62 %
Foster care placements	32	7.26 %
Intake	21	4.76 %
Adoptive placements	18	4.08 %
Assessment	22	4.99 %
ICPC	12	2.72 %
Case plan	7	1.59 %
IV-E eligibility	21	4.76 %
Case notes	8	1.81 %
AFCARS data	12	2.72 %
Service delivery	14	3.17 %
NCANDS data	3	0.68 %
Private provider agency contacts	18	4.08 %
Client outcomes reporting	11	2.49 %
Other DHS agency contacts	16	3.63 %
Caseworker performance reporting	27	6.12 %
Other (Please specify):	14	3.17 %
<b>Total Responses</b>	<b>441</b>	<b>100.00 %</b>

**5. How do you fund your county's secondary data system? (Please check all that apply.)**

(Not Answered)	143	64.71 %
County dollars	12	5.43 %
Private	1	0.45 %
State dollars	3	1.36 %
Federal dollars	1	0.45 %
Don't Know / Not Sure	58	26.24 %
Other (please specify):	3	1.36 %
<b>Total Responses</b>	<b>221</b>	<b>100.00 %</b>

**a. I receive timely information from the State Division of Child Welfare.**

(Not Answered)	7	3.29 %
Strongly Disagree	13	6.10 %
Disagree	42	19.72 %
Neither Agree nor Disagree	60	28.17 %
Agree	68	31.92 %
Strongly Agree	11	5.16 %
Don't Know / Not Sure	12	5.63 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**b. I receive timely information from the Administrative Review Division.**

(Not Answered)	10	4.69 %
Strongly Disagree	3	1.41 %
Disagree	14	6.57 %
Neither Agree nor Disagree	40	18.78 %
Agree	95	44.60 %
Strongly Agree	36	16.90 %
Don't Know / Not Sure	15	7.04 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**c. I receive timely program review information.**

(Not Answered)	10	4.69 %
Strongly Disagree	6	2.82 %
Disagree	26	12.21 %
Neither Agree nor Disagree	54	25.35 %
Agree	81	38.03 %
Strongly Agree	18	8.45 %
Don't Know / Not Sure	18	8.45 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**d. I receive timely information from the State Board.**

(Not Answered)	11	5.16 %
Strongly Disagree	5	2.35 %
Disagree	19	8.92 %
Neither Agree nor Disagree	72	33.80 %
Agree	51	23.94 %
Strongly Agree	8	3.76 %
Don't Know / Not Sure	47	22.07 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**e. Communication and explanation of policy from the State Division of Child Welfare meets my needs.**

(Not Answered)	9	4.23 %
Strongly Disagree	12	5.63 %
Disagree	58	27.23 %
Neither Agree nor Disagree	56	26.29 %
Agree	62	29.11 %
Strongly Agree	7	3.29 %
Don't Know / Not Sure	9	4.23 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>





**f. I have a clear understanding of policy.**

(Not Answered)	5	2.35 %
Strongly Disagree	2	0.94 %
Disagree	21	9.86 %
Neither Agree nor Disagree	29	13.62 %
Agree	120	56.34 %
Strongly Agree	34	15.96 %
Don't Know / Not Sure	2	0.94 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**g. I have a clear understanding of procedure and how to apply best practices.**

(Not Answered)	6	2.82 %
Strongly Disagree	2	0.94 %
Disagree	12	5.63 %
Neither Agree nor Disagree	20	9.39 %
Agree	124	58.22 %
Strongly Agree	47	22.07 %
Don't Know / Not Sure	2	0.94 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**h. I have effective working relationships with private providers serving my county.**

(Not Answered)	5	2.35 %
Disagree	5	2.35 %
Neither Agree nor Disagree	26	12.21 %
Agree	102	47.89 %
Strongly Agree	73	34.27 %
Don't Know / Not Sure	2	0.94 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**i. I have effective working relationships with intake workers in other counties.**

(Not Answered)	9	4.23 %
Disagree	19	8.92 %
Neither Agree nor Disagree	60	28.17 %
Agree	86	40.38 %
Strongly Agree	23	10.80 %
Don't Know / Not Sure	16	7.51 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**j. I have effective working relationships with referral workers in other counties.**

(Not Answered)	6	2.82 %
Disagree	20	9.39 %
Neither Agree nor Disagree	58	27.23 %
Agree	84	39.44 %
Strongly Agree	24	11.27 %
Don't Know / Not Sure	21	9.86 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**k. I have effective working relationships with workers in other counties regarding case transfers.**

(Not Answered)	11	5.16 %
Strongly Disagree	1	0.47 %
Disagree	18	8.45 %
Neither Agree nor Disagree	68	31.92 %
Agree	80	37.56 %
Strongly Agree	17	7.98 %
Don't Know / Not Sure	18	8.45 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**l. I have effective working relationships with workers in other counties regarding change of venue issues.**

(Not Answered)	9	4.23 %
Strongly Disagree	1	0.47 %
Disagree	20	9.39 %
Neither Agree nor Disagree	76	35.68 %
Agree	70	32.86 %
Strongly Agree	16	7.51 %
Don't Know / Not Sure	21	9.86 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**m. I have effective working relationships with workers in other counties regarding conflict of interest cases.**

(Not Answered)	10	4.69 %
Disagree	19	8.92 %
Neither Agree nor Disagree	65	30.52 %
Agree	73	34.27 %
Strongly Agree	22	10.33 %
Don't Know / Not Sure	24	11.27 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>



**n. I have effective working relationships with supervisors in other counties.**

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(Not Answered)	10	4.69 %
Disagree	15	7.04 %
Neither Agree nor Disagree	55	25.82 %
Agree	86	40.38 %
Strongly Agree	30	14.08 %
Don't Know / Not Sure	17	7.98 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**8. What is the minimal level of education you require of your hotline staff? (Please check one.)**

(Not Answered)	21	9.86 %
High school graduate/GED	35	16.43 %
Associates degree	10	4.69 %
College graduate	44	20.66 %
Bachelors or Masters of Social Work Required	39	18.31 %
No minimum	2	0.94 %
Don't know/Not Sure	62	29.11 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**9. Does your county ask standardized hotline questions when receiving a report of abuse/ neglect?**

(Not Answered)	20	9.39 %
Yes	137	64.32 %
No	16	7.51 %
Don't Know / Not Sure	40	18.78 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**10. In your opinion, should the hotline be centralized (statewide or regionally)?**

(Not Answered)	13	6.10 %
Yes, statewide	18	8.45 %
Yes, regionally	21	9.86 %
No, it should not be centralized	122	57.28 %
Don't Know / Not Sure	39	18.31 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**11. Does your county have a process for conducting quality assurance on your hotline?**

(Not Answered)	21	9.86 %
Yes	66	30.99 %
No	43	20.19 %
Don't Know / Not Sure	83	38.97 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**a. Assessment, including psychological testing**

(Not Answered)	4	1.88 %
County Staff	4	1.88 %
Contractors	122	57.28 %
County Staff & Contractors	77	36.15 %
Volunteers	1	0.47 %
Do not provide	1	0.47 %
Don't Know / Not Sure	4	1.88 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**b. Individual therapy/counseling**

(Not Answered)	4	1.88 %
County Staff	5	2.35 %
Contractors	91	42.72 %
County Staff & Contractors	107	50.23 %
Volunteers	1	0.47 %
Do not provide	2	0.94 %
Don't Know / Not Sure	3	1.41 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**c. Group therapy (e.g., offense-specific therapy, substance abuse, sexual safety, grief and loss, problem solving)**

(Not Answered)	5	2.35 %
County Staff	5	2.35 %
Contractors	128	60.09 %
County Staff & Contractors	69	32.39 %
Volunteers	1	0.47 %
Do not provide	1	0.47 %
Don't Know / Not Sure	4	1.88 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**d. Family therapy**

(Not Answered)	5	2.35 %
County Staff	7	3.29 %
Contractors	89	41.78 %
County Staff & Contractors	107	50.23 %
Volunteers	1	0.47 %
Do not provide	1	0.47 %
Don't Know / Not Sure	3	1.41 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**e. Educational groups (e.g., teen parenting, early childhood development, smoking cessation, independent living skills)**

(Not Answered)	5	2.35 %
County Staff	11	5.16 %



Contractors	58	27.23 %
County Staff & Contractors	131	61.50 %
Volunteers	3	1.41 %
Do not provide	1	0.47 %
Don't Know / Not Sure	4	1.88 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

#### f. Psychiatric services and medication management

(Not Answered)	5	2.35 %
Contractors	192	90.14 %
County Staff & Contractors	3	1.41 %
Volunteers	1	0.47 %
Do not provide	6	2.82 %
Don't Know / Not Sure	6	2.82 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

#### g. Day treatment

(Not Answered)	5	2.35 %
Contractors	171	80.28 %
County Staff & Contractors	10	4.69 %
Volunteers	1	0.47 %
Do not provide	17	7.98 %
Don't Know / Not Sure	9	4.23 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

#### h. Special services (physical, occupational, speech)

(Not Answered)	7	3.29 %
Contractors	162	76.06 %
County Staff & Contractors	4	1.88 %
Volunteers	1	0.47 %
Do not provide	27	12.68 %
Don't Know / Not Sure	12	5.63 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

#### i. Recreational therapy (sports, yoga, etc.)

(Not Answered)	5	2.35 %
County Staff	4	1.88 %
Contractors	104	48.83 %
County Staff & Contractors	10	4.69 %
Volunteers	3	1.41 %
Do not provide	65	30.52 %
Don't Know / Not Sure	22	10.33 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

#### j. Vocational therapy

(Not Answered)	5	2.35 %
County Staff	1	0.47 %
Contractors	129	60.56 %
County Staff & Contractors	12	5.63 %
Volunteers	1	0.47 %
Do not provide	43	20.19 %
Don't Know / Not Sure	22	10.33 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**k. Substance abuse treatment**

(Not Answered)	5	2.35 %
County Staff	1	0.47 %
Contractors	179	84.04 %
County Staff & Contractors	25	11.74 %
Volunteers	1	0.47 %
Do not provide	1	0.47 %
Don't Know / Not Sure	1	0.47 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**l. Community services/restorative justice services**

(Not Answered)	9	4.23 %
County Staff	1	0.47 %
Contractors	109	51.17 %
County Staff & Contractors	25	11.74 %
Volunteers	4	1.88 %
Do not provide	37	17.37 %
Don't Know / Not Sure	28	13.15 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**m. Legal services**

(Not Answered)	8	3.76 %
County Staff	28	13.15 %
Contractors	85	39.91 %
County Staff & Contractors	25	11.74 %
Volunteers	3	1.41 %
Do not provide	44	20.66 %
Don't Know / Not Sure	20	9.39 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**n. Medical services**

(Not Answered)	12	5.63 %
County Staff	4	1.88 %
Contractors	111	52.11 %
County Staff & Contractors	21	9.86 %



Volunteers	2	0.94 %
Do not provide	45	21.13 %
Don't Know / Not Sure	18	8.45 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**o. Services delivered in the client's home**

(Not Answered)	6	2.82 %
County Staff	15	7.04 %
Contractors	53	24.88 %
County Staff & Contractors	132	61.97 %
Volunteers	2	0.94 %
Do not provide	2	0.94 %
Don't Know / Not Sure	3	1.41 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**p. Preventive services (anger management, parenting classes, etc.)**

(Not Answered)	5	2.35 %
County Staff	4	1.88 %
Contractors	94	44.13 %
County Staff & Contractors	104	48.83 %
Volunteers	2	0.94 %
Do not provide	2	0.94 %
Don't Know / Not Sure	2	0.94 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**q. Community activities**

(Not Answered)	7	3.29 %
County Staff	7	3.29 %
Contractors	63	29.58 %
County Staff & Contractors	68	31.92 %
Volunteers	9	4.23 %
Do not provide	40	18.78 %
Don't Know / Not Sure	19	8.92 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**r. Sexual abuse treatment**

(Not Answered)	5	2.35 %
County Staff	1	0.47 %
Contractors	159	74.65 %
County Staff & Contractors	36	16.90 %
Volunteers	2	0.94 %
Do not provide	2	0.94 %
Don't Know / Not Sure	8	3.76 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**13. Do you think child welfare services would be better delivered on**

**a multi-county or regional basis, rather than on a county-by-county basis?**

(Not Answered)	5	2.35 %
No (Go to Question 15)	126	59.15 %
Yes, all services	18	8.45 %
Yes, but only some services	56	26.29 %
Yes, and some or all of our services are already delivered regionally	8	3.76 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**14. If child welfare services were to be delivered on a regional basis, how do you think the regions should be determined? (Please check one preference.)**

(Not Answered)	92	43.19 %
County size	22	10.33 %
Geographic location	71	33.33 %
Travel patterns	11	5.16 %
Other (please specify):	17	7.98 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**15. Which of the following populations do you serve in your county? (Please check all that apply.)**

(Not Answered)	10	0.82 %
Developmentally Disabled	156	12.86 %
Mental Health	161	13.27 %
Adjudicated Youth	169	13.93 %
Child Maltreatment Victims	178	14.67 %
Families of Child Maltreatment Victims	175	14.43 %
Child Maltreatment Alleged Victims	170	14.01 %
Families of Alleged Child Maltreatment Victims	170	14.01 %
Other (please specify):	24	1.98 %
<b>Total Responses</b>	<b>1213</b>	<b>100.00 %</b>

**a. I consult with the State Division of Child Welfare on policy and best practice issues.**

(Not Answered)	7	3.29 %
Strongly Disagree	10	4.69 %
Disagree	29	13.62 %
Neither Agree nor Disagree	59	27.70 %
Agree	86	40.38 %
Strongly Agree	12	5.63 %
Don't Know / Not Sure	10	4.69 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**b. I consult with the State Division of Child Welfare in major service delivery decisions.**

(Not Answered)	9	4.23 %
Strongly Disagree	10	4.69 %





Disagree	45	21.13 %
Neither Agree nor Disagree	79	37.09 %
Agree	50	23.47 %
Strongly Agree	2	0.94 %
Don't Know / Not Sure	18	8.45 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**c. I consult with the Administrative Review Division on policy and best practice issues.**

(Not Answered)	9	4.23 %
Strongly Disagree	9	4.23 %
Disagree	22	10.33 %
Neither Agree nor Disagree	52	24.41 %
Agree	90	42.25 %
Strongly Agree	22	10.33 %
Don't Know / Not Sure	9	4.23 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**d. I consult with the Administrative Review Division on major service delivery decisions.**

(Not Answered)	10	4.69 %
Strongly Disagree	9	4.23 %
Disagree	52	24.41 %
Neither Agree nor Disagree	77	36.15 %
Agree	45	21.13 %
Strongly Agree	8	3.76 %
Don't Know / Not Sure	12	5.63 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**e. I consult with my Program Reviewers on policy and best practice issues.**

(Not Answered)	9	4.23 %
Strongly Disagree	6	2.82 %
Disagree	22	10.33 %
Neither Agree nor Disagree	64	30.05 %
Agree	79	37.09 %
Strongly Agree	18	8.45 %
Don't Know / Not Sure	15	7.04 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**f. I consult with my Program Reviewers on major service delivery decisions.**

(Not Answered)	8	3.76 %
Strongly Disagree	6	2.82 %
Disagree	29	13.62 %
Neither Agree nor Disagree	69	32.39 %
Agree	60	28.17 %

Strongly Agree	22	10.33 %
Don't Know / Not Sure	19	8.92 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**g. I use information generated by the State board to address policy and best practice issues.**

(Not Answered)	12	5.63 %
Strongly Disagree	2	0.94 %
Disagree	17	7.98 %
Neither Agree nor Disagree	61	28.64 %
Agree	85	39.91 %
Strongly Agree	17	7.98 %
Don't Know / Not Sure	19	8.92 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**h. I use information generated by the State board on major service delivery decisions.**

(Not Answered)	13	6.10 %
Strongly Disagree	3	1.41 %
Disagree	20	9.39 %
Neither Agree nor Disagree	78	36.62 %
Agree	63	29.58 %
Strongly Agree	12	5.63 %
Don't Know / Not Sure	24	11.27 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**i. Case workers in my county solicit information from children, families, and the community regarding their opinions of agency policy and best practice.**

(Not Answered)	9	4.23 %
Strongly Disagree	3	1.41 %
Disagree	28	13.15 %
Neither Agree nor Disagree	40	18.78 %
Agree	96	45.07 %
Strongly Agree	17	7.98 %
Don't Know / Not Sure	20	9.39 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**j. Case workers in my county solicit information from children, families, and the community regarding how services are delivered.**

(Not Answered)	8	3.76 %
Strongly Disagree	1	0.47 %
Disagree	22	10.33 %
Neither Agree nor Disagree	37	17.37 %
Agree	104	48.83 %
Strongly Agree	23	10.80 %
Don't Know / Not Sure	18	8.45 %



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<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>
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**a. General communication**

(Not Answered)	23	3.00 %
Other Counties	117	15.25 %
Private Service Providers	143	18.64 %
Behavioral Health	134	17.47 %
Youth Corrections	103	13.43 %
Policy	87	11.34 %
Courts	160	20.86 %

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<b>Total Responses</b>	<b>767</b>	<b>100.00 %</b>
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**b. Client information sharing**

(Not Answered)	21	2.83 %
Other Counties	114	15.36 %
Private Service Providers	149	20.08 %
Behavioral Health	141	19.00 %
Youth Corrections	98	13.21 %
Policy	71	9.57 %
Courts	148	19.95 %

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<b>Total Responses</b>	<b>742</b>	<b>100.00 %</b>
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**c. Client needs assessment**

(Not Answered)	36	5.96 %
Other Counties	63	10.43 %
Private Service Providers	137	22.68 %
Behavioral Health	131	21.69 %
Youth Corrections	74	12.25 %
Policy	53	8.77 %
Courts	110	18.21 %

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<b>Total Responses</b>	<b>604</b>	<b>100.00 %</b>
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**d. Service coordination/sharing**

(Not Answered)	26	3.86 %
Other Counties	100	14.86 %
Private Service Providers	145	21.55 %
Behavioral Health	134	19.91 %
Youth Corrections	94	13.97 %
Policy	59	8.77 %
Courts	115	17.09 %

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<b>Total Responses</b>	<b>673</b>	<b>100.00 %</b>
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**e. Case progress evaluation**

(Not Answered)	30	4.89 %
Other Counties	59	9.61 %
Private Service Providers	136	22.15 %
Behavioral Health	121	19.71 %
Youth Corrections	71	11.56 %
Policy	53	8.63 %
Courts	144	23.45 %
<b>Total Responses</b>	<b>614</b>	<b>100.00 %</b>

**f. Case closure**

(Not Answered)	31	5.33 %
Other Counties	52	8.93 %
Private Service Providers	123	21.13 %
Behavioral Health	105	18.04 %
Youth Corrections	65	11.17 %
Policy	62	10.65 %
Courts	144	24.74 %
<b>Total Responses</b>	<b>582</b>	<b>100.00 %</b>

**g. Client outcomes**

(Not Answered)	44	7.79 %
Other Counties	46	8.14 %
Private Service Providers	119	21.06 %
Behavioral Health	102	18.05 %
Youth Corrections	68	12.04 %
Policy	60	10.62 %
Courts	126	22.30 %
<b>Total Responses</b>	<b>565</b>	<b>100.00 %</b>

**h. Safety assessment**

(Not Answered)	46	9.07 %
Other Counties	63	12.43 %
Private Service Providers	93	18.34 %
Behavioral Health	80	15.78 %
Youth Corrections	49	9.66 %
Policy	65	12.82 %
Courts	111	21.89 %
<b>Total Responses</b>	<b>507</b>	<b>100.00 %</b>

**i. Risk assessment**

(Not Answered)	47	9.44 %
Other Counties	65	13.05 %
Private Service Providers	93	18.67 %
Behavioral Health	75	15.06 %
Youth Corrections	46	9.24 %
Policy	65	13.05 %



Courts	107	21.49 %
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<b>Total Responses</b>	<b>498</b>	<b>100.00 %</b>
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**j. Court reports**

(Not Answered)	22	4.37 %
Other Counties	49	9.74 %
Private Service Providers	85	16.90 %
Behavioral Health	71	14.12 %
Youth Corrections	58	11.53 %
Policy	52	10.34 %
Courts	166	33.00 %

<b>Total Responses</b>	<b>503</b>	<b>100.00 %</b>
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**a. Foster care recruitment in my county.**

(Not Answered)	5	2.35 %
Very Dissatisfied	14	6.57 %
Dissatisfied	50	23.47 %
Neither Satisfied nor Dissatisfied	47	22.07 %
Satisfied	62	29.11 %
Very Satisfied	22	10.33 %
Don't Know / Not Sure	13	6.10 %

<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>
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**b. Adoptive family recruitment in my county.**

(Not Answered)	6	2.82 %
Very Dissatisfied	8	3.76 %
Dissatisfied	40	18.78 %
Neither Satisfied nor Dissatisfied	52	24.41 %
Satisfied	69	32.39 %
Very Satisfied	21	9.86 %
Don't Know / Not Sure	17	7.98 %

<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>
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**c. Foster care family retention in my county.**

(Not Answered)	6	2.82 %
Very Dissatisfied	13	6.10 %
Dissatisfied	47	22.07 %
Neither Satisfied nor Dissatisfied	45	21.13 %
Satisfied	66	30.99 %
Very Satisfied	19	8.92 %
Don't Know / Not Sure	17	7.98 %

<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>
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**d. Adoptive family support efforts in my county.**

(Not Answered)	5	2.35 %
Very Dissatisfied	10	4.69 %
Dissatisfied	34	15.96 %
Neither Satisfied nor Dissatisfied	56	26.29 %
Satisfied	65	30.52 %
Very Satisfied	25	11.74 %
Don't Know / Not Sure	18	8.45 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**a. Communication from the State to our county regarding policies is**

...

(Not Answered)	6	2.82 %
Poor	32	15.02 %
Fair	50	23.47 %
Neither Excellent nor Poor	33	15.49 %
Good	67	31.46 %
Excellent	4	1.88 %
Don't Know / Not Sure	21	9.86 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**b. Communication within our county regarding policies is ...**

(Not Answered)	8	3.76 %
Poor	13	6.10 %
Fair	42	19.72 %
Neither Excellent nor Poor	25	11.74 %
Good	90	42.25 %
Excellent	27	12.68 %
Don't Know / Not Sure	8	3.76 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**c. Communication between our county and our local community providers is ...**

(Not Answered)	8	3.76 %
Poor	10	4.69 %
Fair	35	16.43 %
Neither Excellent nor Poor	22	10.33 %
Good	104	48.83 %
Excellent	22	10.33 %
Don't Know / Not Sure	12	5.63 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**d. Communication between our county and other counties is ...**

(Not Answered)	10	4.69 %
Poor	14	6.57 %



Fair	30	14.08 %
Neither Excellent nor Poor	40	18.78 %
Good	95	44.60 %
Excellent	10	4.69 %
Don't Know / Not Sure	14	6.57 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**a. Referral**

(Not Answered)	7	3.29 %
Very Dissatisfied	5	2.35 %
Dissatisfied	19	8.92 %
Neither Satisfied nor Dissatisfied	43	20.19 %
Satisfied	97	45.54 %
Very Satisfied	14	6.57 %
Don't Know / Not Sure	28	13.15 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**b. Intake**

(Not Answered)	10	4.69 %
Very Dissatisfied	3	1.41 %
Dissatisfied	21	9.86 %
Neither Satisfied nor Dissatisfied	41	19.25 %
Satisfied	94	44.13 %
Very Satisfied	13	6.10 %
Don't Know / Not Sure	31	14.55 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**c. Case transfer**

(Not Answered)	12	5.63 %
Very Dissatisfied	3	1.41 %
Dissatisfied	22	10.33 %
Neither Satisfied nor Dissatisfied	50	23.47 %
Satisfied	78	36.62 %
Very Satisfied	11	5.16 %
Don't Know / Not Sure	37	17.37 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**d. Change of venue**

(Not Answered)	8	3.76 %
Very Dissatisfied	5	2.35 %
Dissatisfied	20	9.39 %
Neither Satisfied nor Dissatisfied	51	23.94 %
Satisfied	77	36.15 %
Very Satisfied	12	5.63 %
Don't Know / Not Sure	40	18.78 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**e. County supervision**

(Not Answered)	9	4.23 %
Very Dissatisfied	3	1.41 %
Dissatisfied	17	7.98 %
Neither Satisfied nor Dissatisfied	48	22.54 %
Satisfied	76	35.68 %
Very Satisfied	16	7.51 %
Don't Know / Not Sure	44	20.66 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**f. Conflict of interest cases**

(Not Answered)	9	4.23 %
Very Dissatisfied	4	1.88 %
Dissatisfied	13	6.10 %
Neither Satisfied nor Dissatisfied	41	19.25 %
Satisfied	87	40.85 %
Very Satisfied	14	6.57 %
Don't Know / Not Sure	45	21.13 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**a. Lack of recurrence of maltreatment**

(Not Answered)	5	2.35 %
Extremely Important	82	38.50 %
Very Important	56	26.29 %
Important	53	24.88 %
Slightly Important	7	3.29 %
Not at all Important	1	0.47 %
Don't Know / Not Sure	9	4.23 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**b. Runaway behaviors**

(Not Answered)	6	2.82 %
Extremely Important	12	5.63 %
Very Important	43	20.19 %
Important	95	44.60 %
Slightly Important	43	20.19 %
Not at all Important	5	2.35 %
Don't Know / Not Sure	9	4.23 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**c. Rate of re-entry into in-home care**

(Not Answered)	5	2.35 %
Extremely Important	52	24.41 %





Very Important	73	34.27 %
Important	62	29.11 %
Slightly Important	11	5.16 %
Don't Know / Not Sure	10	4.69 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

	<b>Count</b>	<b>Percent</b>
<b>d. Rate of re-entry into out-of-home care</b>		
(Not Answered)	5	2.35 %
Extremely Important	75	35.21 %
Very Important	73	34.27 %
Important	46	21.60 %
Slightly Important	7	3.29 %
Don't Know / Not Sure	7	3.29 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

<b>e. Success in school</b>		
(Not Answered)	4	1.88 %
Extremely Important	35	16.43 %
Very Important	56	26.29 %
Important	92	43.19 %
Slightly Important	15	7.04 %
Not at all Important	3	1.41 %
Don't Know / Not Sure	8	3.76 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

<b>f. Emotional and behavioral indicators/ symptoms</b>		
(Not Answered)	5	2.35 %
Extremely Important	45	21.13 %
Very Important	81	38.03 %
Important	64	30.05 %
Slightly Important	11	5.16 %
Don't Know / Not Sure	7	3.29 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

<b>g. Family reunification</b>		
(Not Answered)	7	3.29 %
Extremely Important	101	47.42 %
Very Important	62	29.11 %
Important	35	16.43 %
Slightly Important	2	0.94 %

Not at all Important	1	0.47 %
Don't Know / Not Sure	5	2.35 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**h. Graduation from high school/receipt of GED**

(Not Answered)	5	2.35 %
Extremely Important	37	17.37 %
Very Important	64	30.05 %
Important	80	37.56 %
Slightly Important	18	8.45 %
Not at all Important	3	1.41 %
Don't Know / Not Sure	6	2.82 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**i. Drug/alcohol use**

(Not Answered)	5	2.35 %
Extremely Important	66	30.99 %
Very Important	74	34.74 %
Important	59	27.70 %
Slightly Important	4	1.88 %
Don't Know / Not Sure	5	2.35 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**j. Teen pregnancy**

(Not Answered)	7	3.29 %
Extremely Important	41	19.25 %
Very Important	62	29.11 %
Important	81	38.03 %
Slightly Important	16	7.51 %
Not at all Important	1	0.47 %
Don't Know / Not Sure	5	2.35 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**k. Gainful employment**

(Not Answered)	11	5.16 %
Extremely Important	36	16.90 %
Very Important	53	24.88 %
Important	87	40.85 %
Slightly Important	16	7.51 %
Not at all Important	3	1.41 %
Don't Know / Not Sure	7	3.29 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>



### I. Healthy interpersonal relationships

(Not Answered)	7	3.29 %
Extremely Important	37	17.37 %
Very Important	61	28.64 %
Important	80	37.56 %
Slightly Important	19	8.92 %
Not at all Important	3	1.41 %
Don't Know / Not Sure	6	2.82 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

### m. Ability to seek help when necessary from mental health system

(Not Answered)	6	2.82 %
Extremely Important	60	28.17 %
Very Important	78	36.62 %
Important	53	24.88 %
Slightly Important	10	4.69 %
Not at all Important	1	0.47 %
Don't Know / Not Sure	5	2.35 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

### n. Movements to lower levels of care are maintained

(Not Answered)	5	2.35 %
Extremely Important	54	25.35 %
Very Important	75	35.21 %
Important	62	29.11 %
Slightly Important	9	4.23 %
Not at all Important	1	0.47 %
Don't Know / Not Sure	7	3.29 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

### o. Length of time in the community

(Not Answered)	6	2.82 %
Extremely Important	33	15.49 %
Very Important	54	25.35 %
Important	83	38.97 %
Slightly Important	20	9.39 %
Not at all Important	6	2.82 %
Don't Know / Not Sure	11	5.16 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**a. Staff recruitment**

(Not Answered)	3	1.41 %
Poor	21	9.86 %
Fair	47	22.07 %
Neither Excellent nor Poor	34	15.96 %
Good	71	33.33 %
Excellent	26	12.21 %
Don't Know / Not Sure	11	5.16 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**Staff Retention**

(Not Answered)	5	2.35 %
Poor	51	23.94 %
Fair	32	15.02 %
Neither Excellent nor Poor	21	9.86 %
Good	60	28.17 %
Excellent	38	17.84 %
Don't Know / Not Sure	6	2.82 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**25. Please identify your County as small, medium, or large**

(Not Answered)	1	0.47 %
Small	46	21.60 %
Medium	61	28.64 %
Large	105	49.30 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**26. In which Colorado County do you work?**

(Not Answered)	4	1.88 %
Adams	35	16.43 %
Alamosa	14	6.57 %
Broomfield	15	7.04 %
Clear Creek	1	0.47 %
Conejos	1	0.47 %
Crowley	2	0.94 %
Custer	1	0.47 %
Delta	12	5.63 %
Denver	24	11.27 %
Eagle	1	0.47 %
Elbert	2	0.94 %
Gilpin	1	0.47 %
Huerfano	5	2.35 %
Larimer	5	2.35 %
Las Animas	1	0.47 %
Lincoln	8	3.76 %
Logan	7	3.29 %
Montrose	3	1.41 %
Otero	1	0.47 %
Ouray	1	0.47 %
Phillips	2	0.94 %



Pitkins	2	0.94 %
Prowers	5	2.35 %
Pueblo	18	8.45 %
Rio Blanco	1	0.47 %
Saguache	1	0.47 %
San Miguel	1	0.47 %
Summit	2	0.94 %
Teller	9	4.23 %
Washington	1	0.47 %
Weld	27	12.68 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>

**28. Please provide your Title:**

(Not Answered)	7	3.29 %
Senior Management	15	7.04 %
Administrator / Supervisor	55	25.82 %
Case Worker / Specialist	122	57.28 %
Multiple Titles	14	6.57 %
<b>Total Responses</b>	<b>213</b>	<b>100.00 %</b>
	<b>Count</b>	<b>Percent</b>

**15. Which of the following populations do you serve in your county?  
(Please check all that apply.)**

Mental Health	1	6.25 %
Families of Child Maltreatment Victims	3	18.75 %
Families of Alleged Child Maltreatment Victims	2	12.50 %
Other (please specify):	10	62.50 %
<b>Total Responses</b>	<b>16</b>	<b>100.00 %</b>

**a. General communication**

(Not Answered)	1	6.25 %
Other Counties	1	6.25 %
Private Service Providers	1	6.25 %
Behavioral Health	4	25.00 %
Youth Corrections	1	6.25 %
Policy	3	18.75 %
Courts	5	31.25 %
<b>Total Responses</b>	<b>16</b>	<b>100.00 %</b>

**b. Client information sharing**

(Not Answered)	2	12.50 %
Other Counties	1	6.25 %
Private Service Providers	5	31.25 %
Behavioral Health	3	18.75 %
Youth Corrections	2	12.50 %
Policy	2	12.50 %
Courts	1	6.25 %
<b>Total Responses</b>	<b>16</b>	<b>100.00 %</b>

**c. Client needs assessment**

(Not Answered)	3	18.75 %
Other Counties	2	12.50 %
Private Service Providers	3	18.75 %
Behavioral Health	3	18.75 %
Youth Corrections	1	6.25 %
Policy	2	12.50 %
Courts	2	12.50 %

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<b>Total Responses</b>	<b>16</b>	<b>100.00 %</b>
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**d. Service coordination/sharing**

(Not Answered)	3	18.75 %
Other Counties	2	12.50 %
Private Service Providers	5	31.25 %
Behavioral Health	3	18.75 %
Youth Corrections	1	6.25 %
Policy	2	12.50 %

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<b>Total Responses</b>	<b>16</b>	<b>100.00 %</b>
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**e. Case progress evaluation**

(Not Answered)	3	18.75 %
Private Service Providers	2	12.50 %
Behavioral Health	4	25.00 %
Youth Corrections	1	6.25 %
Policy	3	18.75 %
Courts	3	18.75 %

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<b>Total Responses</b>	<b>16</b>	<b>100.00 %</b>
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**f. Case closure**

(Not Answered)	5	31.25 %
Behavioral Health	2	12.50 %
Youth Corrections	1	6.25 %
Policy	6	37.50 %
Courts	2	12.50 %

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<b>Total Responses</b>	<b>16</b>	<b>100.00 %</b>
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**g. Client outcomes**

(Not Answered)	4	25.00 %
Behavioral Health	3	18.75 %
Youth Corrections	1	6.25 %
Policy	6	37.50 %
Courts	2	12.50 %

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<b>Total Responses</b>	<b>16</b>	<b>100.00 %</b>
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#### **h. Safety assessment**

(Not Answered)	5	31.25 %
Other Counties	1	6.25 %
Behavioral Health	2	12.50 %
Youth Corrections	1	6.25 %
Policy	7	43.75 %
<hr/>		
<b>Total Responses</b>	<b>16</b>	<b>100.00 %</b>

#### **i. Risk assessment**

(Not Answered)	5	31.25 %
Other Counties	1	6.25 %
Behavioral Health	2	12.50 %
Youth Corrections	1	6.25 %
Policy	7	43.75 %
<hr/>		
<b>Total Responses</b>	<b>16</b>	<b>100.00 %</b>

#### **j. Court reports**

(Not Answered)	4	25.00 %
Behavioral Health	1	6.25 %
Youth Corrections	1	6.25 %
Policy	2	12.50 %
Courts	8	50.00 %
<hr/>		
<b>Total Responses</b>	<b>16</b>	<b>100.00 %</b>





# CHILD WELFARE SURVEY FOR COUNTY COMMISSIONERS/CITY AND COUNTY MEMBERS

	<u>Count</u>	<u>Percent</u>
<b>1. In my opinion, Colorado's child welfare program should be operated by the state, not by the counties.</b>		
(Not Answered)	6	20.69 %
Strongly Disagree	12	41.38 %
Disagree	5	17.24 %
Neither Agree nor Disagree	1	3.45 %
Agree	1	3.45 %
Strongly Agree	3	10.34 %
Don't Know / Not Sure	1	3.45 %
<b>Total Responses</b>	<b>29</b>	<b>100.00 %</b>

**a. In my opinion, all Colorado's social services programs should be operated by the state, not by the counties.**

(Not Answered)	6	20.69 %
Strongly Disagree	13	44.83 %
Disagree	6	20.69 %
Neither Agree nor Disagree	1	3.45 %
Agree	1	3.45 %
Strongly Agree	2	6.90 %
<b>Total Responses</b>	<b>29</b>	<b>100.00 %</b>

**2. If the State assumes responsibility for child welfare program operations, each county should have a child welfare office.**

(Not Answered)	6	20.69 %
Strongly Disagree	1	3.45 %
Disagree	1	3.45 %
Neither Agree nor Disagree	2	6.90 %
Agree	4	13.79 %
Strongly Agree	15	51.72 %
<b>Total Responses</b>	<b>29</b>	<b>100.00 %</b>

**a. The State should mandate that all county-run systems use the same method of reporting so that the outcomes from county programs can be compared.**

(Not Answered)	6	20.69 %
Strongly Disagree	1	3.45 %
Disagree	4	13.79 %
Neither Agree nor Disagree	2	6.90 %
Agree	10	34.48 %
Strongly Agree	6	20.69 %



**Total Responses 29 100.00 %**

**b. The State should have the power to mandate changes in county programs that fall out of compliance.**

**Count Percent**

(Not Answered)	6	20.69 %
Disagree	2	6.90 %
Neither Agree nor Disagree	2	6.90 %
Agree	16	55.17 %
Strongly Agree	3	10.34 %

**Total Responses 29 100.00 %**

**5. If the current economic climate continues, my county will have to decrease its existing level of funding for child welfare program operations.**

(Not Answered)	6	20.69 %
Disagree	5	17.24 %
Neither Agree nor Disagree	5	17.24 %
Agree	9	31.03 %
Strongly Agree	4	13.79 %

**Total Responses 29 100.00 %**

**6. If my county offered more child protection awareness programs, the number of child placements would not increase as fast as they are currently increasing.**

(Not Answered)	6	20.69 %
Disagree	6	20.69 %
Neither Agree nor Disagree	10	34.48 %
Agree	3	10.34 %
Strongly Agree	1	3.45 %
Don't Know / Not Sure	3	10.34 %

**Total Responses 29 100.00 %**

## **Appendix C: Interview Protocols**

The interview protocols begin on the following page.



**Colorado Organizational Assessment  
Administrator and Supervisor Interview Format  
4/23/09**

Interview questions are intended to serve as a platform for discussion rather than as a vehicle for comparing answers to identical stimuli.

1. What are your job duties? (ask individually, ice breaker exercise)
  - a. How long have you been working?
2. How are you spending your time at work?
  - a. What helps you with getting your job done?
  - b. What interferes with getting your job done?
3. Do you make use of TRAILS data in your daily work? If so, please describe how you use TRAILS? If not, is there anything that you could change that would make it more helpful to use TRAILS data in your work?
  - a. Probe for strengths and possible improvements to make TRAILS more user friendly
  - b. What kind of data/reports do you currently receive from TRAILS?
  - c. What kind of information would be helpful to pull from TRAILS?
  - d. What other data systems do you current/want to use beyond TRAILS? Why?
4. Describe your typical decision making process.
  - a. Who is your primary customer?
  - b. Who do you consult?
  - c. Who provides oversight?
  - d. What are your goals?
5. Please describe the current process for collaborating and communicating with other agencies.
  - a. Probe for formal vs. informal, case planning procedures, strengths and challenges of the process, etc.
  - b. Court policies/practices that benefit or prevent child welfare efforts.
  - c. Feedback from clients regarding other agencies referred to.
6. How does CW interact with other divisions within the DHS?
  - a. What would you like the relationship with other divisions to be?
7. Please describe any efforts made by your agency at cross-county collaboration or training.
8. Please describe any outreach efforts to the community made by your organization.
  - a. Probe for prevention, intervention, training, resource family recruitment, etc.
9. Currently, how do you solicit feedback and input (if at all) on service delivery from children, families, and the community? Please describe.
  - a. If you/your agency solicits feedback, how (if at all) is that information used?

10. Please describe your work atmosphere.
  - a. What do you believe works well?
  - b. What do you believe could be improved?
  
11. Is the child welfare system in Colorado well organized to do the following:
  - a. Identify incidents of maltreatment (why or why not)?
  - b. Identify threats of maltreatment and risks to safety (why or why not)?
  - c. Provide effective services to children and families (why or why not)?
  - d. Make effective referrals for services (why or why not)?
  - e. Track and evaluate its own effectiveness (why or why not)?
  - f. Deliver on its promises to the community (why or why not)?
  
12. What do you believe are child welfare's strengths (what works well)? What do you believe are child welfare's weaknesses (what could be done better)?
  
13. What divisions/units/positions in child welfare do you believe are most effective and why?
  
14. Are there any state policies/practices that you believe support your job duties daily? What about any state policies/practices that interfere with your job duties daily?
  
15. How do you keep yourself and your staff up to date and informed about child welfare's priorities, new policies and/or work that others are doing?
  
16. How do you see the State's finances affecting the child welfare reform efforts currently underway?
  
17. What kind of leadership does CW need? What examples/evidence of leadership would you like to see?
  
18. What outcomes do you want CW to achieve with families?
  - a. How are these outcomes related to resources available? Or, are these outcomes realistic in view of the resources available to CW?
  
19. Is there anything else that you'd like to add or want us to know or anything that we've not asked about that you feel that we should?

**Colorado Organizational Assessment**  
**CW Staff Interview Format**  
**4/23/09**

Interview questions are intended to serve as a platform for discussion rather than as a vehicle for comparing answers to identical stimuli.

1. What are your job duties? (ask individually, ice breaker exercise)
  - a. How long have you been working at the agency?
2. How are you spending your time at work?
  - a. What helps you with getting your job done?
  - b. What interferes with getting your job done?
3. Are there any state policies/practices that you believe support your job duties daily? What about any state policies/practices that interfere with your job duties daily?
4. Describe your typical decision making process.
  - a. Who is your primary customer?
  - b. Who do you consult?
  - c. Who provides oversight?
  - d. What are your goals?
5. How do you keep up to date and informed about child welfare's priorities and/or work that others are doing?
6. Please describe the current process for collaborating and communicating with other agencies.
  - a. Probe for formal vs. informal, case planning procedures, strengths and challenges of the process, etc.
  - b. Court policies/practices that benefit or prevent child welfare efforts.
  - c. Feedback from clients regarding other agencies referred to.
7. Please describe any efforts made by your agency at cross-county collaboration or training.
8. Currently, how do you solicit feedback and input (if at all) on service delivery from children, families, and the community? Please describe.
  - a. If you/your agency solicits feedback, how (if at all) is that information used?
9. Do you make use of TRAILS data in your daily work? If so, please describe how you use TRAILS? If not, is there anything that you could change that would make it more helpful to use TRAILS data in your work?
  - a. Probe for strengths and possible improvements to make TRAILS more user friendly
  - b. What kind of data/reports do you currently receive from TRAILS?
  - c. What kind of information would be helpful to pull from TRAILS?
  - d. What other data systems do you current/want to use beyond TRAILS? Why?

10. Please describe your work atmosphere.
  - a. What do you believe works well?
  - b. What do you believe could be improved?
  
11. What do you believe are child welfare's strengths (what works well)? What do you believe are child welfare's weaknesses (what could be done better)?
  
12. Is the child welfare system in Colorado well organized to do the following:
  - a. Identify incidents of maltreatment (why or why not)?
  - b. Identify threats of maltreatment and risks to safety (why or why not)?
  - c. Provide effective services to children and families (why or why not)?
  - d. Make effective referrals for services (why or why not)?
  - e. Track and evaluate its own effectiveness (why or why not)?
  - f. Does the Division (state) delivery on its promises to the county (why or why not)?
  - g. Does the Division (state) deliver on its promises to the community (why or why not)?
  
13. What divisions/units/positions in child welfare do you believe are most effective and why?
  
14. How do you keep yourself up to date and informed about child welfare's priorities, new policies and/or work that others are doing?
  
15. Is there anything else that you'd like to add or want us to know or anything that we've not asked about that you feel that we should?



**Colorado Organizational Assessment**  
**Judges Interview Format**  
**4/24/2009**

Interview questions are intended to serve as a platform for discussion rather than as a vehicle for comparing answers to identical stimuli.

1. What do you want your relationship with CW to be?
  - a. What helps and what hinders achievement of this preferred relationship?
2. How does the Court Improvement Project intersect with the activities and structure of the CW division?
  - a. What aspects of the CIP are working well?
  - b. What aspects of the CIP could be improved?
3. How do you use CW as a resource in your work?
4. Please describe the current process for collaborating and communicating with CW.
  - b. Probe for formal vs. informal, case planning procedures, strengths and challenges of the process, etc.
5. To whom are you most connected in the CW Division?
  - a. Describe your relationship
6. What does CW do best?
7. What are CW's challenges?
8. Is CW organized in a way that meets your needs and the needs of children, families and the community?
9. Do you appoint counsel for both children and parents?
  - a. Are you satisfied with the representation of children?
  - b. Are you satisfied with the representation of parents?
  - c. Does CW support the representation of children?
  - d. Does CW support the representation of parents?
  - e. Where do the attorneys get their information from?



## **Appendix D: Colorado Counties Statistical Indicators Sources**

Table to begin on next page.



VARIABLE	DEFINITION	SOURCE
Estimated 2007 Population (All)	2007 population estimates, based on 2000 U.S. Census	USDA, Economic Research Service
Estimated 2008 Population (Children)	Child and Adolescent Population, 0-17	CDHS: Allocation Data Trends All Counties SFY 2005-2008
Land area in square miles	Total square miles, 2000	U.S. Census Bureau
Population per square miles	Population per square mile, 2000	U.S. Census Bureau
Rural-Urban Continuum Code	Rural-Urban Continuum Code, 2003	USDA, Economic Research Service
Race: White Alone %	2007 estimates, based on 2000 U.S. Census	U.S. Census Bureau
Race: Black Alone %	2007 estimates, based on 2000 U.S. Census	U.S. Census Bureau
Race: American Indian & Alaska Native Alone %	2007 estimates, based on 2000 U.S. Census	U.S. Census Bureau
Race: Asian Alone %	2007 estimates, based on 2000 U.S. Census	U.S. Census Bureau
Race: Native Hawaiian & Pacific Islander Alone %	2007 estimates, based on 2000 U.S. Census	U.S. Census Bureau
Race: Two or more races Alone %	2007 estimates, based on 2000 U.S. Census	U.S. Census Bureau
Ethnicity: Hispanic or Latino Origin %	2007 estimates, based on 2000 U.S. Census	U.S. Census Bureau
Ethnicity: Not Hispanic, White Alone %	2007 estimates, based on 2000 U.S. Census	U.S. Census Bureau
Origin: % foreign born	Percent of individuals who are foreign born, 2000	U.S. Census Bureau
Speak language other than English at home (%)	Person's 5 yrs+, 2000	U.S. Census Bureau
Educational Attainment: % High School Diploma+	Person's 25 years+ with high school diploma or higher, 2000	U.S. Census Bureau
Educational Attainment: % Bachelor's+	Person's 25 years+ with bachelor's degree or higher, 2000	U.S. Census Bureau
Civilian labor force unemployment rate	Unemployment rate per 100, civilians only, 2007	U.S. Bureau of Labor Statistics
Median Household Income	Estimated median household income, 2003	US Bureau of the Census, Small Area Income and Poverty Estimates
Income Per capita	Income Per capita, 2006	U.S. Bureau of Economic Analysis
Percent in Poverty (All)	Percent in poverty, 2007 estimates based on 2000 U.S. Census	U.S. Census Bureau
Living in Poverty (Children)	Estimated under age 18 living below federal poverty level, 2003	US Bureau of the Census, Small Area Income and Poverty Estimates
Uninsured (Children)	Children under 19 years and living at or below 200% of poverty, 2005	U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE)
WIC Enrollment	Children under age 5 served by WIC, based on a monthly average, 2003.	Colorado Department of Public Health and Environment.
Receiving TANF	Rate per 1,000 children under age 18 enrolled in TANF, 2004	Colorado Department of Human Services
CHP+ Enrollment	Children under 19 years enrolled in Child Health Plan Plus (CHP+), 2001	Colorado Department of Health Care Policy and Financing.
Receiving Medicaid (Children)	Number of children ages 0-18 enrolled in Medicaid during, FY 07-08.	Colorado Department of Health Care Policy and Finance.
Child abuse rate	Child abuse rate per 1,000, 2004.	Colorado Central Registry, Colorado Department of Human Services.

Three Risk Factor Births

Live births to unmarried women under age 25 with less than a high school education, 2004

Health Statistics Section, Colorado Department of Public Health and Environment

**Table 1: Colorado Counties Statistical Indicators Sources**



(Table 1: Continued)

VARIABLE	DEFINITION	SOURCE
Infant mortality rate	Deaths per 1,000 live births, 2004	Health Statistics Section, Colorado Department of Public Health and Environment
Child Welfare Budget	Total Child Welfare Block Allocation with ADM, SFY 2009	CDHS: DHS SFY 08-09 Allocations & Budget Letter
CW: Total OOH Cost	Total Cost for all OOH, FY 2008.	CDHS: Allocation Data Trends All Counties SFY 2005-2008.xls. CFMS.
CW: Total Program Services Cost	Total Cost for Program Services, FY 2008	CDHS: Allocation Data Trends All Counties SFY 2005-2008.xls. CFMS.
CW: # Children with Adoption Subsidy	Number of adoptions finalized in the time period. Medicaid Only, FY 2008	CDHS: Allocation Data Trends All Counties SFY 2005-2008.xls. Trails data.
CW: Total Adoption Subsidy Cost	Total reimbursable expenditures & state administrative adjustments & Case Services for Adoption minus refunds, FY 2008	CDHS: Allocation Data Trends All Counties SFY 2005-2008.xls. Based on CFMS.
CW: New Referrals (Families)	Number of families with new referral dates within time period, FY 2008	CDHS: Allocation Data Trends All Counties SFY 2005-2008.xls. Trails data.
CW: Assessments	Number of children for whom Date Accepted for Assessment falls within time period, FY 2008	CDHS: Allocation Data Trends All Counties SFY 2005-2008.xls. Trails data.
CW: New Involvements	Number of children for whom the Involvement Start Date falls within time period, FY 2008	CDHS: Allocation Data Trends All Counties SFY 2005-2008.xls. Trails data.
CW: Open Involvements	Number of children for whom Involvement Dates fall within time period, FY 2008	CDHS: Allocation Data Trends All Counties SFY 2005-2008.xls. Trails data.
CW: OOH Open Involvements	Number of children for whom Out-of-Home service days fall within time period, FY 2008. Child each counted once by service type & county.	CDHS: Allocation Data Trends All Counties SFY 2005-2008.xls. Trails data.
Rate of Out of Home Placement	Rate per 1,000 children under 18 placed in out of home care	Child Welfare Services Division, Colorado Department of Human Services.
CW: ADY for OOH Involvements	Average days per year per child for Out-of-Home services paid during time period, FY 2008. (See "ADY for OOH")	CDHS: Allocation Data Trends All Counties SFY 2005-2008.xls. Trails & County Financial Management System (CFMS).





## Appendix E: Colorado Demographic and Performance Indicators

<u>Table</u>	<u>Title</u>
1	Population, Land and Rurality
2	Race
3	Ethnicity
4	Education, Employment and Income
5	Insurance and Financial Assistance
6	Child Abuse and Birth Statistics
7	Child Welfare Budget and Costs
8	Referrals, Assessments and Involvements



**Table 1: Population, Land and Rurality**

Total Population 2007: Count	2008 Adjusted Child Population: Count	Land Area: Square Miles	Population Per Square Mile: Count	Rural-Urban Continuum Code*
<b>TOP COUNTIES:</b>				
Denver: 588,349	Adams: 131,172	LasAnimas: 4,773	Denver: 3,625	Adams: 1
El Paso: 587,272	Denver: 165,478	Moffat: 4,742	Broomfield: 1,981	Arapahoe: 1
Arapahoe: 545,089	El Paso: 160,312	Weld: 3,992	Jefferson: 683	Broomfield: 1
Jefferson: 529,354	Arapahoe: 148,525	Mesa: 3,328	Arapahoe: 608	ClearCreek: 1
Adams: 422,495	Jefferson: 126, 847	Gunnison: 3,239	Boulder: 393	Denver: 1
Boulder: 290,262	Douglas: 88,762	RioBlanco: 3,221	Adams: 305	Douglas: 1
Larimer: 287,574	Weld: 73,236	Saguache: 3,168	Elbert: 243	Elbert: 1
Douglas: 272,117	Larimer: 69,481	Garfield: 2,947	Douglas: 209	Gilpin: 1
Weld: 243,750	Boulder: 69,478	Larimer: 2,601	Larimer: 97	Jefferson: 1
Pueblo: 154,538	Pueblo: 40,912	Lincoln: 2,586	Pueblo: 59	Park: 1
<b>INTERVIEWED COUNTIES:</b>				
Denver: 588,349	El Paso: 160,312	Mesa: 3,327	Denver: 3,625	Denver: 1
El Paso: 587,272	Denver: 165,478	Lincoln: 2,586	Mesa: 35	El Paso: 2
Mesa: 139,082	Mesa: 36,884	El Paso: 1,850	Delta: 24	Mesa: 3
Delta: 30,334	Morgan: 8,701	Cheyenne: 1,781	Morgan: 21	Delta : 6
Morgan: 27,961	Delta: 7,376	Conejos: 1,287	Alamosa: 21	Morgan: 6
Alamosa: 15,313	Alamosa: 4,436	Morgan: 1,285	El Paso: 11	Alamosa: 7
Conejos: 8,074	Conejos: 2,423	Delta: 1,142	Conejos: 6.5	Lincoln: 8
Lincoln: 5,326	Lincoln: 1,068	Alamosa: 722	Lincoln: 2.4	Cheyenne: 9
Cheyenne: 1,763	Cheyenne: 446	Denver: 153	Cheyenne: 1.3	Conejos: 9
<b>BOTTOM COUNTIES:</b>				
Baca: 3,871	Washington: 1,076	Summit: 608	Saguache: 1.9	14 Counties have an RUC of 9: Baca, <i>Cheyenne</i> , <i>Conejos</i> , Costilla, Dolores , Hinsdale, Jackson, Kiowa, Mineral, Ouray, Phillips, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington
Costilla: 3,309	Lincoln: 1.068	Teller: 557	RioBlanco: 1.9	
Sedgwick: 2,340	Custer: 857	Sedgwick: 548	Baca: 1.8	
Dolores: 1,914	Baca: 840	Ouray: 540	Dolores: 1.7	
Cheyenne: 1,763	Costilla: 788	ClearCreek: 395	SanJuan: 1.4	
Jackson: 1,381	Sedgwick: 533	SanJuan: 387	Cheyenne: 1.3	
Kiowa: 1,332	Cheyenne: 446	LaPlata: 377	Jackson: 1	
Mineral: 962	Dolores: 439	Denver: 153	Mineral: 0.9	
Hinsdale: 838	Kiowa: 310	Gilpin: 150	Kiowa: 0.9	
SanJuan: 559	Jackson: 300	Broomfield: 28	Hinsdale: 0.7	

Note: Counties part of the Ten Large are in green font, Middle Sized are in blue font, and the Balance of State are in red font.

The Rural-Urban Continuum Code is a measure of county population and proximity to a metro area; it ranges from 1-9. A code of 1 is defined as a county in a metro area of 1 million population or more. A code of 9 is defined as a county being completely rural or less than 2,500 urban population and not adjacent to a metro area.

**Table 2: Race**

White Alone: Percent	Black Alone: Percent	American Indian & Alaskan Native Alone: Percent	Asian Alone: Percent	Native Hawaiian & Pacific Islander Alone: Percent	Two or More Races Alone: Percent
<b>TOP COUNTIES:</b>					
Yuma: 98.5	Crowley: 10.1	Montezuma: 13	Broomfield: 4.7	San Juan: 1.1	Elbert: 3.2
Washington: 98.2	Denver: 10.1	Lake: 6.3	Arapahoe: 4.6	Costilla: 0.6	Arapahoe: 2.5
Cheyenne: 97.9	Arapahoe: 9.7	Costilla: 3.5	Boulder: 3.8	Elbert: 0.3	Mineral: 2.5
Jackson: 97.8	Elbert: 6.9	Alamosa: 3.4	Douglas: 3.5	Las Animas: 0.3	Baca: 2.3
Hinsdale: 97.6	Bent: 6.8	Huerfano: 3.2	Denver: 3.4	Sedgwick: 0.3	Costilla: 2.3
Phillips: 97.6	Lincoln: 5.9	Bent: 3	Adams: 3.3	Alamosa: 0.2	Huerfano: 2.2
Ouray: 97.4	Fremont: 5.5	Las Animas: 3	Elbert: 3.1	Arapahoe: 0.2	Gilpin: 2.1
Custer: 97.1	Huerfano: 3.6	Crowley: 2.9	Jefferson: 2.6	Denver: 0.2	Alamosa: 2
Kiowa: 97.1	Kit Carson: 3.6	Dolores: 2.7	Larimer: 1.9	Gilpin: 0.2	Teller: 2
San Juan: 97.1	Adams: 3.5	Saguache: 2.2	Pitkin: 1.4	Morgan: 0.2	Clear Creek: 1.9
<b>INTERVIEWED COUNTIES:</b>					
Cheyenne: 97.9	Denver: 10.1	Alamosa: 3.4	Denver: 3.4	Denver: 0.2	Alamosa: 2
Morgan: 96.6	Lincoln: 5.9	Cheyenne: 1.1	Alamosa: 1.3	Alamosa: 0.2	Denver: 1.9
Delta: 96.4	Alamosa: 1.8	Conejos: 2.1	Lincoln: 0.9	Morgan: 0.2	Lincoln: 1.6
Conejos: 96.1	El Paso: 1.1	Delta: 0.9	El Paso: 0.7	Lincoln: 0.1	El Paso: 1.6
Mesa: 95.9	Mesa: 0.9	Denver: 1.3	Mesa: 0.7	El Paso: 0.1	Delta: 1.4
El Paso: 95.8	Morgan: 0.8	El Paso: 0.7	Delta: 0.5	Mesa: 0.1	Mesa: 1.3
Alamosa: 91.3	Delta: 0.7	Lincoln: 1.3	Morgan: 0.3	Conejos: 0.1	Conejos: 1.1
Lincoln: 90.2	Cheyenne: 0.6	Mesa: 1.1	Conejos: 0.3	Delta: 0	Morgan: 1
Denver: 83.1	Conejos: 0.3	Morgan: 1.1	Cheyenne: 0	Cheyenne: 0	Cheyenne: 0.4
<b>BOTTOM COUNTIES:</b>					
Lake: 90.7	Phillips: 0.2	Mineral: 0.7	San Juan: 0.4	20 Counties have <0.10%: Archuleta, Bent, Broomfield, Chaffee, Cheyenne, Clear Creek, Crowley, Custer, Delta, Gunnison, Hinsdale, Jackson, Mineral, Moffat, Ouray, Park, Pitkin, Rio Blanco, Washington, Yuma	Yuma: 0.8
Huerfano: 90.3	Saguache: 0.2	Kit Carson: 0.7	Ouray: 0.3		Summit: 0.8
Lincoln: 90.2	Yuma: 0.2	El Paso: 0.7	Morgan: 0.3		Phillips: 0.8
Adams: 90	Baca: 0.1	Summit: 0.6	Conejos: 0.3		Washington: 0.7
Bent: 87.6	Dolores: 0.1	Routt: 0.5	Washington: 0.2		Eagle: 0.7
Elbert: 85.3	Ouray: 0.1	Grand: 0.5	Yuma: 0.1		Kit Carson: 0.5
Crowley: 84.9	Washington: 0.1	Douglas: 0.5	Kiowa: 0.1		Kiowa: 0.5
Montezuma: 84.5	Hinsdale: 0	Yuma: 0.4	Jackson: 0.1		Hinsdale: 0.4
Denver: 83.1	Mineral: 0	Sedgwick: 0.3	Mineral: 0		Cheyenne: 0.4
Arapahoe: 82.2	San Juan: 0	Pitkin: 0.3	Cheyenne: 0		San Juan: 0.2

Note: Counties part of The Ten Large are in green font, Middle Sized are in blue font, and the Balance of State is in red font.

**Table 3: Ethnicity**

Ethnicity Hispanic or Latino: Percent	Ethnicity Not Hispanic, White Alone: Percent	Origin Foreign Born: Percent	Language Speak Language other than English at Home: Percent
<b>TOP COUNTIES:</b>			
Costilla: 62.7	Clear Creek: 91.1	Eagle: 18.2	Costilla: 59.5
Conejos: 56	Hinsdale: 96.5	Denver: 17.4	Conejos: 42.1
Saguache: 46.5	Mineral: 94.9	La Plata: 15.6	Saguache: 36.5
Alamosa: 43.6	Custer: 93.4	Morgan: 14.6	Alamosa: 28.3
La Plata: 41.8	Routt: 93	Saguache: 14.5	Rio Grande: 27.6
Las Animas: 39.9	Kiowa: 92.4	Adams: 12.5	Denver: 27
Otero: 39	Ouray: 92.4	Summit: 11.6	La Plata: 26.4
Pueblo: 38.9	Grand: 91.5	Arapahoe: 11	Morgan: 25.6
Rio Grande: 37.8	Dolores: 91.2	Pitkin: 10.9	Eagle: 24.7
Prowers: 37.4	Park: 91.1	Prowers: 10.6	Prowers: 24.4
<b>INTERVIEWED COUNTIES:</b>			
Conejos: 56	El Paso: 90.7	Denver: 17.4	Conejos: 42.1
Alamosa: 43.6	Cheyenne: 88.8	Morgan: 14.6	Alamosa: 28.3
Denver: 34.4	Mesa: 85	Alamosa: 4.7	Denver: 27
Morgan: 34.2	Delta: 84.1	Delta: 4.2	Morgan: 25.6
Delta: 13	Lincoln: 79.8	Cheyenne: 4.1	Delta: 10.3
Mesa: 11.6	Morgan: 63.7	Conejos: 3	Mesa: 8
Lincoln: 11	Alamosa: 51.3	Mesa: 3	Cheyenne: 7.6
Cheyenne: 9.8	Denver: 50.7	El Paso: 1.9	Lincoln: 6.9
El Paso: 5.5	Conejos: 42.3	Lincoln: 1.8	El Paso: 4.8
<b>BOTTOM COUNTIES:</b>			
Dolores: 5.3	Otero: 57.4	Teller: 1.8	El Paso: 4.8
Ouray: 5.3	Pueblo: 56.8	Lincoln: 1.8	Gilpin: 4.7
Grand: 5.1	Adams: 56.6	Custer: 1.7	Park: 4.2
Teller: 5.1	Las Animas: 55.9	Huerfano: 1.6	Teller: 4
Clear Creek: 5	La Plata: 55.5	Fremont: 1.5	Jackson: 3.8
Kiowa: 4.7	Alamosa: 51.3	Kiowa: 1.4	Custer: 3.6
Routt: 4.2	Saguache: 50.9	Crowley: 1.1	Kiowa: 3.5
Custer: 3.8	Denver: 50.7	Dolores: 0.9	Clear Creek: 3.5
Mineral: 2.3	Conejos: 42.3	Mineral: 0.7	Mineral: 1.9
Hinsdale: 1.4	Costilla: 32.8	Broomfield: 0	Broomfield: 0

Note: Counties part of the Ten Large are in green font, Middle Sized are in blue font, and the Balance of State is in red font.

**Table 4: Education, Employment, & Income**

High School Diploma+: Percent	Bachelor's +: Percent	Unemployment Rate: Percent	Median Household Income: Dollars per year	Income Per Capita: Dollars per person	People in Poverty: Percent	Children in Poverty: Percent
<b>TOP COUNTIES:</b>						
Douglas: 97	Pitkin: 57	Costilla: 7.2	Douglas: 92,732	Pitkin: 86,122	Crowley: 43.8	Costilla: 30.4
Pitkin: 96.3	Boulder: 52	Crowley: 6.8	Elbert: 66,507	Clear Creek: 52,828	Saguache: 30.6	Huerfano: 28.1
Routt: 95.3	Douglas: 52	Conejos: 5.6	Pitkin: 59,381	Denver : 50,193	Bent: 28.2	Crowley: 27.7
Gilpin 94.1	San Miguel: 49	Saguache: 5.4	Jefferson: 58,786	Boulder: 49,628	Costilla: 25.3	Saguache: 27.5
Gunnison: 94.1	Summit: 48	Dolores: 5	Eagle: 58,190	Arapahoe: 49,458	Otero: 24.9	Conejos: 26.3
Teller: 94	San Juan: 44	Fremont: 5	Clear Creek: 57,059	Douglas: 49,303	Conejos: 22.1	Rio Grande: 26
San Miguel: 93.6	Gunnison: 44	Otero: 5	Boulder: 56,956	Eagle: 47,511	Huerfano: 22	Bent: 25.3
Park: 93.4	Eagle: 43	Huerfano: 4.9	Arapahoe: 55,780	San Miguel: 47,142	Alamosa: 21.9	Otero: 25.3
Clear Creek: 93.4	Routt: 43	Pueblo: 4.9	Routt: 53,116	Routt: 45,575	Prowers: 19.8	Alamosa: 23.6
Ouray: 93.4	Larimer: 40	Bent: 4.8	Gilpin: 52,826	Jefferson: 44,987	Baca: 19.8	Prowers: 23.4
<b>INTERVIEWED COUNTIES:</b>						
El Paso: 92.5	Denver: 34.5	Conejos: 5.6	El Paso: 49,166	Denver: 50,193	Conejos: 22.1	Conejos: 26.3
Mesa: 85	Alamosa: 27	Denver: 4.3	Denver: 40,883	El Paso 38,415	Alamosa: 21.9	Alamosa: 23.6
Cheyenne: 84.1	El Paso: 26.6	Alamosa: 4.1	Mesa: 38,054	Cheyenne: 36,477	Lincoln: 17.5	Denver: 21.5
Alamosa: 82.6	Mesa: 22	El Paso: 3.7	Cheyenne: 35,721	Mesa: 30,746	Denver: 17.4	Lincoln: 18.8
Lincoln: 81.8	Delta: 17.6	Delta: 3.4	Morgan: 34,803	Alamosa: 26,281	Cheyenne: 12.4	Delta: 18.7
Delta: 80.1	Conejos: 14.4	Morgan: 3.4	Delta: 33,572	Morgan: 26,193	Morgan: 12.3	Morgan: 16.7
Denver: 78.9	Cheyenne: 14.2	Lincoln: 3.2	Lincoln: 31,078	Delta: 25,493	Delta: 12.1	Mesa: 15.6
Conejos: 72.1	Morgan: 13.5	Mesa: 3.2	Alamosa: 30,898	Lincoln: 20,615	Mesa: 12	Cheyenne: 14.9
Morgan: 71.4	Lincoln: 13.2	Cheyenne: 2.7	Conejos: 26,685	Conejos: 19,223	El Paso: 4.9	El Paso: 13.6
<b>BOTTOM COUNTIES:</b>						
Bent: 77.2	Fremont: 13.5	Summit: 2.7	Prowers: 29,297	La Plata: 24,387	Clear Creek: 7.4	Boulder: 9.5
Kit Carson: 77	Dolores: 13.5	Routt: 2.7	Otero: 29,262	Costilla: 22,963	Ouray: 7.4	Clear Creek: 9.5
Las Animas: 76.9	Morgan: 13.5	Grand: 2.7	Sedgwick: 27,637	Phillips: 22,491	Grand: 7.3	Jefferson: 7.9
Dolores: 76	Sedgwick: 13.4	Jackson: 2.7	Bent: 27,266	Fremont: 22,212	Summit: 7	Eagle: 7.3
Otero: 75.7	Lincoln: 13.2	Cheyenne: 2.7	Conejos: 26,685	Huerfano: 21,353	Eagle: 6.8	Routt: 7.1
Conejos: 72.1	Costilla: 12.8	Baca: 2.6	Baca: 26,313	Lincoln: 20,615	Routt: 6.2	Elbert: 7.1
Prowers: 72	Moffat: 12.5	Garfield: 2.5	Huerfano: 25,676	Conejos: 19,223	Gilpin: 6.2	Gilpin: 7.1
Morgan: 71.4	Crowley: 11.9	Sedgwick: 2.3	Saguache: 23,681	Saguache: 18,763	El Paso: 4.9	Summit: 7
Saguache: 70	Prowers: 11.9	Yuma: 2.2	Crowley: 23,350	Bent: 17,590	Pitkin: 4.6	Pitkin: 5.3
Costilla: 68.2	Bent: 11.5	Rio Blanco: 2.1	Costilla: 21,640	Crowley: 16,859	Douglas: 2.4	Douglas: 2.1

Note: Counties part of The Ten Large are in green font, Middle Sized are in blue font, and the Balance of State is in red font.

**Table 5: Insurance and Financial Assistance**

Uninsured Children: Percent	WIC Enrollment*: Percent	Receiving TANF: RATE*	Child Health Plan Plus (CHP+) Enrollment: Percent	Children Receiving Medicaid: Percent
<b>TOP COUNTIES:</b>				
Custer: 25.8	Cheyenne: 113.7	Huerfano: 72.7	Conejos: 15.7	Costilla: 50
Saguache: 24.6	Saguache: 75	Crowley: 67.1	Costilla: 13.9	Huerfano: 49
Sedgwick: 24.6	Alamosa: 68.9	Rio Grande: 56.4	Rio Grande: 12.1	Alamosa: 48
Phillips: 23.2	Otero: 66.2	Otero: 56	Prowers: 11.8	Rio Grande: 48
Jackson: 21.7	Lincoln: 54.3	Costilla: 55.4	Kit Carson: 11.1	Bent: 47
Ouray: 19.9	Bent: 50.7	Las Animas: 46.1	Saguache: 11.1	Otero: 47
Baca: 17.6	Baca: 49.9	Alamosa: 45.7	Crowley: 9.9	Prowers: 47
Conejos: 17	Yuma: 45.5	Prowers: 45.2	Alamosa: 8.7	Pueblo: 46
Washington: 16.6	Huerfano: 45.1	Lincoln: 42.7	Huerfano: 8	Conejos: 44
Yuma: 15.1	Phillips: 45.1	Pueblo: 41	Cheyenne: 7.9	Baca: 41
<b>INTERVIEWED COUNTIES:</b>				
Conejos: 17	Cheyenne: 113.7	Alamosa: 45.7	Conejos: 15.7	Alamosa: 48
Cheyenne: 15	Alamosa: 68.9	Lincoln: 42.7	Alamosa: 8.7	Conejos: 44
Morgan: 11.9	Lincoln: 54.3	Denver: 36.2	Cheyenne: 7.9	Lincoln: 39
Alamosa: 10.7	Morgan: 41.4	Delta: 31.6	Mesa: 6.5	Denver: 35
Delta: 10.7	Delta: 30.8	Mesa: 30.5	Delta: 5.8	Delta: 33
Denver: 10.6	El Paso: 27.8	Morgan: 29.3	Morgan: 4.5	Cheyenne: 30
Lincoln: 10	Conejos: 9.8	Conejos: 27.4	Denver: 4.4	Mesa: 30
El Paso: 6.9	Mesa: 9.2	El Paso: 19.4	Lincoln: 4.1	Morgan: 30
Mesa: 6.5	Denver: 7.6	Cheyenne: 16.2	El Paso: 1.6	El Paso: 25
<b>BOTTOM COUNTIES:</b>				
Moffat: 8.1	Mesa: 9.2	Elbert: 5.8	Park: 2.1	Park: 16
Adams: 7.8	Ouray: 8.5	Gunnison: 5.6	Arapahoe: 1.8	Summit: 16
Arapahoe: 7.4	Denver: 7.6	Dolores: 3.4	Jefferson: 1.6	San Miguel: 16
El Paso: 6.9	Pitkin: 7.4	San Miguel: 1.7	El Paso: 1.6	Ouray: 14
Mesa: 6.5	Weld: 6.5	Eagle: 1.4	Boulder: 1.5	Grand: 14
Fremont: 6.1	Costilla: 6.3	Summit: 1.3	Elbert: 1.4	Eagle: 14
Larimer: 6	Routt: 5.6	Routt: 1.3	Summit: 1.3	Elbert: 13
Douglas: 5.6	Elbert: 4.5	Ouray: 1.3	Pitkin: 0.9	Routt: 11
Jefferson: 5.4	Douglas: 3	Pitkin: 1.1	Eagle: 0.5	Pitkin: 5
Pueblo: 5.2	San Juan: 1.6	Douglas: 1	Douglas: 0.5	Douglas: 5

Note: RATE is number per 1000 children in the county population. Counties part of The Ten Large are in green font, Middle Sized are in blue font, and the Balance of State is in red font.

\*Note that some county WIC programs provide services to children from other counties. Gilpin, Hinsdale and Mineral counties do not have a WIC program and are served by neighboring counties. Children in Conejos, Costilla, Denver, Mesa, Rio Grande and Weld counties are served both by WIC and the Commodities Supplemental Food Program, with relatively few being served by WIC.

**Table 6: Child Abuse and Birth Statistics**

Child Abuse: RATE*	Child Abuse: Rank*	Three-Risk-Factor Births*: Percent	Infant Mortality: RATE*
<b>TOP COUNTIES:</b>			
Alamosa: 41.2	Alamosa: 58	Lake: 20.6	Gunnison: 18.5
Washington: 34.9	Washington: 57	Crowley: 20.4	Fremont : 12.6
Huerfano : 30.9	Huerfano: 56	Las Animas: 20.2	Otero: 12.5
Logan: 24.8	Logan: 55	Pueblo: 18.6	Morgan: 10.9
Morgan: 24.2	Morgan: 54	Prowers: 17.8	Summit: 10.9
Bent: 18.4	Bent: 53	Costilla: 17.2	Weld: 10.1
Sedgwick: 18.2	Sedgwick: 52	Morgan: 15.3	Garfield: 10
Dolores: 17.1	Dolores: 51	Phillips: 15.2	Delta: 8.6
Lincoln: 16.9	Lincoln: 50	Yuma: 15	El Paso: 8.6
Gunnison: 16.5	Gunnison: 49	Custer: 13.3	Adams: 7.3
<b>INTERVIEWED COUNTIES:</b>			
Alamosa: 41.2	Alamosa: 58	Morgan: 15.3	Morgan: 10.9
Morgan : 24.2	Morgan: 54	Conejos: 12	Delta: 8.6
Lincoln: 16.9	Lincoln: 50	Lincoln: 11.8	El Paso: 8.6
Mesa: 9.6	Mesa: 37	Denver: 11.4	Mesa: 7
Delta: 7.8	Delta: 24	Alamosa: 10.4	Denver: 6.9
Denver : 7.2	Denver: 20	Delta: 10.3	Alamosa: 0
El Paso: 6.0	El Paso: 16	Mesa: 7.5	Cheyenne: 0
Cheyenne: 5.6	Cheyenne: 14	El Paso: 6.9	Conejos: LNE*
Conejos: 4.4	Conejos: 12	Cheyenne: 0	Lincoln: LNE
<b>BOTTOM COUNTIES:</b>			
Teller: 3.6	Teller: 10	12 counties have a rate of zero: Baca, Cheyenne, Clear Creek, Dolores, Gilpin, Hinsdale, Jackson, Kiowa, Mineral, Ouray, Rio Blanco, San Juan	45 Counties are zero or less, with the <i>exception</i> of the following: Adams, Alamosa, Arapahoe, Boulder, Delta, Denver, Douglas, El Paso, Fremont, Garfield, Gunnison, Jefferson, Larimer, Mesa, Morgan, Otero, Pueblo, Summit, Weld
Rio Grande: 3.2	Rio Grande: 9		
Eagle: 2.4	Eagle: 7		
Prowers: 2.4	Prowers: 7		
Pitkin: 2.1	Pitkin: 6		
Grand: 1.7	Grand: 5		
Douglas: 1	Douglas: 3		
Las Animas: 1	Las Animas: 3		
Mineral: 0	Mineral: 1		
San Juan: 0	San Juan: 1		

Note: RATE is number per 1000 children in the county population. Counties part of The Ten Large are in green font, Middle Sized are in blue font, and the Balance of State is in red font.

Rank is based upon the child abuse rate per 1,000; 1 is the best possible ranking and 64 is the worst.

Three-Risk-Factor Births are: Live births to unmarried women under age 25 with less than a high school education. LNE indicates a “Low Number of Events.”



**Table 7: Child Welfare Budget and Costs**

Child Welfare Budget*: SFY 2009 Core Services plus Block Grant Dollars	Total Out Of Home Cost: Dollars per Year FY 2008**	Total Program Services Cost: Dollars per Year FY 2008	Children with Adoption Subsidy: Count FY 2008	Total Adoptions Subsidy Cost: Dollars per Year FY 2008
<b>TOP COUNTIES:</b>				
Denver: 71,612,851	Denver: 31,293,632	Denver: 38,924,869	Denver: 1,832	El Paso: 9,644,613
El Paso: 45,622,069	El Paso: 16,553,179	Jefferson: 14,422,824	El Paso: 1,670	Denver: 9,085,203
Adams: 37,432,191	Adams: 14,935,397	Adams: 14,104,241	Adams: 1,245	Arapahoe: 5,986,174
Arapahoe: 37,033,504	Arapahoe: 11,101,523	El Paso: 12,853,343	Arapahoe: 1,204	Adams: 3,846,594
Jefferson: 32,642,035	Jefferson: 10,324,778	Boulder: 11,531,960	Jefferson: 821	Jefferson: 2,781,996
Pueblo: 19,998,110	Weld: 8,623,477	Arapahoe: 11,255,853	Pueblo: 583	Pueblo: 2,684,672
Weld: 19,418,853	Pueblo: 6,757,178	Larimer: 9,863,682	Boulder: 541	Mesa: 1,809,190
Larimer: 17,786,508	Mesa: 5,029,578	Weld: 8,846,036	Mesa: 422	Boulder: 1,808,184
Boulder: 17,693,789	Boulder: 5,014,918	Pueblo: 6,062,590	Weld: 407	Weld: 1,224,958
Mesa: 12,926,862	Larimer: 3,960,029	Mesa: 5,002,043	Larimer: 361	Larimer: 1,139,209
<b>INTERVIEWED COUNTIES:</b>				
Denver: 71,612,851	Denver: 31,293,632	Denver: 38,924,869	Denver: 1,832	El Paso: 9,644,613
El Paso: 45,622,069	El Paso: 16,553,179	El Paso: 12,853,343	El Paso: 1,670	Denver: 9,085,203
Mesa: 12,926,862	Mesa: 5,029,578	Mesa: 5,002,043	Mesa: 422	Mesa: 1,809,190
Morgan: 3,940,588	Morgan: 2,039,253	Morgan: 1,250,044	Alamosa: 64	Alamosa: 321,820
Alamosa: 2,914,004	Delta: 1,482,983	Alamosa: 1,054,896	Morgan: 44	Morgan: 291,463
Delta: 2,392,083	Alamosa: 873,259	Delta: 876,444	Delta: 35	Lincoln: 154,482
Lincoln: 1,405,375	Lincoln: 607,967	Conejos: 369,944	Lincoln: 28	Delta: 119,520
Conejos: 667,142	Conejos: 123,795	Lincoln: 368,835	Conejos: 8	Conejos: 29,788
Cheyenne: 229,733	Cheyenne: 35,338	Cheyenne: 101,445	Cheyenne: 2	Cheyenne: 9,473
<b>BOTTOM COUNTIES:</b>				
Ouray: 182,415	Cheyenne: 35,338	Pitkin: 153,662	Crowley: 1	Crowley: 2,441
Custer: 151,717	Baca: 33,140	Sedgwick: 153,823	Phillips: 0	Park: 0
Pitkin: 145,370	Summit: 27,562	Kiowa: 149,359	Pitkin: 0	Pitkin: 0
Kiowa: 143,642	Kiowa: 9,908	Custer: 114,827	San Miguel: 0	San Miguel: 0
Jackson: 133,663	Sedgwick: 7,826	Cheyenne: 101,445	Ouray: 0	Ouray: 0
San Miguel: 127,899	Custer: 7,479	Jackson: 71,199	Kiowa: 0	Kiowa: 0
Dolores: 85, 119	Hinsdale: 1,309	Dolores: 47,941	Jackson: 0	Jackson: 0
Hinsdale: 29,242	Ouray: 5	Hinsdale: 42,315	Hinsdale: 0	Hinsdale: 0
Mineral: 29,242	San Juan: -375	San Juan: 23,639	San Juan: 0	San Juan: 0
San Juan: 29, 242	Jackson: -1,300	Mineral: -1,118	Mineral: 0	Mineral: 0

Note: RATE is number per 1000 children in the county population. Counties part of The Ten Large are in green font, Middle Sized are in blue font, and the Balance of State is in red font.

\*Child Welfare Budget numbers are from the Core Services Budget Agency Letter dated June 30, 2008 and the Child Welfare Allocation Comparison chart provided by Sean McCaw.

\*\*Total Out of Home Cost, Total Program Services Cost, Children with Adoption Subsidy and Total Adoptions Subsidy Cost numbers are from the Allocation Data Trends: All Counties SFY 2005-2008; received from Sean McCaw.

**Table 8: Referrals, Assessments and Involvements**

New Referrals Families: Count	Assessments: Count	New Involvements: Count	Open Involvements: Count	Children in Out of Home Care: Rate*	Children Placed in Out of Home Care: Rate*	Average Number of Days per Year for OOH Placement
<b>TOP COUNTIES:</b>						
El Paso: 10,679	Denver: 9,568	Denver: 2,480	Denver: 7,200	Lincoln: 35	Hinsdale: 45	Mineral: 343
Denver: 10,501	El Paso: 8,110	Arapahoe: 1,732	El Paso: 5,235	Huerfano: 33	Lincoln: 43	Chaffee: 275
Adams: 8,041	Arapahoe: 7,506	El Paso: 1,648	Arapahoe: 4,384	Fremont: 22	Pueblo: 28	Bent: 222
Arapahoe: 7,872	Adams: 6,450	Larimer: 1,393	Adams: 3,852	Otero: 22	Rio Blanco: 28	Crowley: 221
Jefferson: 6,085	Jefferson: 5,730	Adams: 1,301	Jefferson: 3,277	Pueblo: 22	Costilla: 28	Fremont: 214
Larimer: 5,879	Larimer: 3,901	Jefferson: 1,184	Larimer: 2,885	Alamosa: 21	Huerfano: 27	Lake: 213
Weld: 4,127	Weld: 3,612	Weld: 763	Pueblo: 1,973	Washington: 20	Baca: 25	Clear Creek: 210
Boulder: 3,914	Boulder: 2,975	Pueblo: 621	Weld: 1,922	Crowley: 19	Washington: 23	Montezuma: 207
Mesa: 2,508	Pueblo: 2,308	Boulder: 615	Boulder: 1,808	Morgan: 18	Fremont: 21	Costilla: 202
Pueblo: 2,106	Mesa: 1,805	Mesa: 515	Mesa: 1,418	Denver: 18	Saguache: 20	Delta: 195
<b>INTERVIEWED COUNTIES:</b>						
El Paso: 10,679	Denver: 9,568	Denver: 2,480	Denver: 7,200	Lincoln: 35	Lincoln: 43	Delta: 195
Denver: 10,501	El Paso: 8,110	El Paso: 1,648	El Paso: 5,235	Alamosa: 21	Denver: 19	Lincoln: 194
Mesa: 2,508	Mesa: 1,805	Mesa: 515	Mesa: 1,418	Morgan: 18	Alamosa: 17	Mesa: 187
Morgan: 511	Morgan: 534	Morgan: 151	Alamosa: 391	Denver: 18	Mesa: 17	Cheyenne: 175
Alamosa: 258	Alamosa: 328	Alamosa: 149	Morgan: 356	Mesa: 14	Morgan: 14	Conejos: 172
Delta: 193	Delta: 149	Delta: 88	Delta: 273	Delta: 13	Delta: 11	Denver: 161
Conejos: 99	Conejos: 110	Conejos: 59	Conejos: 132	El Paso: 9	El Paso: 10	Alamosa: 157
Lincoln: 93	Lincoln: 90	Lincoln: 26	Lincoln: 121	Cheyenne: 9	Cheyenne: 7	El Paso: 151
Cheyenne: 9	Cheyenne: 5	Cheyenne: 1	Cheyenne: 15	Conejos: 6	Conejos: 5	Morgan: 143
<b>BOTTOM COUNTIES:</b>						
Costilla: 18	Ouray/San Miguel: 22	Sedgwick: 9	Custer: 23	Jackson: 3	Kiowa: 3	Routt: 107
Ouray/San Miguel: 18	Custer: 17	Jackson: 8	Ouray: 20	San Miguel: 2	Crowley: 3	Pitkin: 102
San Miguel: 17	Dolores: 11	Dolores: 7	Costilla: 20	Routt: 2	San Miguel: 3	Grand: 97
Hinsdale: 13	Costilla: 11	Ouray/San Miguel: 5	Jackson: 16	Eagle: 2	Routt: 3	Gilpin: 68
Kiowa: 11	Hinsdale: 10	Hinsdale: 4	San Miguel: 16	Summit: 2	Eagle: 2	Baca: 63
Cheyenne: 9	Cheyenne: 5	Costilla: 3	Cheyenne: 15	Custer: 2	Douglas: 2	Kiowa: 33
Custer: 9	Kiowa: 2	Cheyenne: 1	Hinsdale: 10	Pitkin: 1	Summit: 2	Ouray: 1
Jackson: 6	Jackson: 2	Kiowa: 1	Kiowa: 5	Douglas: 1	Pitkin: 1	San Juan: 0
Mineral: 4	Mineral: 2	Mineral: 1	Mineral: 3	San Juan: 0	Mineral: 0	Jackson: 0
San Juan: 0	San Juan: 0	San Juan: 0	San Juan: 0	Hinsdale: 0	Jackson: 0	Hinsdale: 0

Note: RATE is number per 1000 children in the county population. Counties part of The Ten Large are in green font, Middle Sized are in blue font, and the Balance of State is in red font.

## **Appendix F: Comparison State Child Welfare Statistics, 2006-07**

The comparison state child welfare statistics begin on the following page.



**Table 1: State Child Welfare Statistics, 2006-07**

State	Child Population <sup>10</sup>	Total number of Maltreatment Referrals, includes "Hotline"	Total Number of Screened-in Referrals <sup>11</sup>	Total Substantiated Maltreatment Reports	Children Who Received Post-Investigation Services	Child Fatalities	Fatalities per 100,000 children	Absence of Maltreatment Recurrence, Percentage	Absence of Maltreatment in Foster Care, Percentage	Number of Children in Care at End of Year (2006) <sup>12</sup>
Colorado	1,192,679	65,826	31,520	10,588	8,911	28	2.35	95.3%	99.41%	2,090
Indiana	1,586,518	68,971	41,900	18,380	7,577	53	3.34	93.2%	99.69%	3,343
Kansas	696,082	31,402	16,912	2,272	7,098	10	1.44	96.8%	99.92%	2,032
Minnesota	1,260,282	56,581	18,993	6,847	9,590	17	1.35	94.7%	99.67%	1,353
Nebraska	446,145	23,050	11,290	4,108	8,210	16	3.59	93.3%	99.56%	971
Nevada	660,002	22,492	16,342	5,417	31,422	21	3.18	93.8%	99.66%	1,815
Texas	6,623,366	202,015	166,584	71,111	49,326	228	3.44	96.2%	99.58%	12,191
Washington	1,536,368	74,381	35,262	6,984	14,217	27	1.76	92.7%	99.77%	2,361

<sup>10</sup> Child Maltreatment 2007, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau

<sup>11</sup> Referrals that were responded to with an investigation or an assessment.

<sup>12</sup> Children in Public Foster Care Waiting to be Adopted: FY 1999 thru FY 2006, [http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/waiting2006.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/waiting2006.htm), U.S. Department of Health and Human Services, Administration for Children and Families