
HUMAN SERVICES FACTS

Developed by
Colorado Social Services Directors Association
For Colorado Counties, Inc.
2010

TABLE OF CONTENTS**Section 1 - Child Fatalities/Child Welfare** **Pages -1-13**

- CW 1 Maltreatment Per 1 Million w/ County Involvement
- CW 2 Fatalities Due to Abuse or Neglect
- CW 3 Child Maltreatment Fatalities Per 100,000 Children 1997 to 2008
- CW 4 Child Protection Trends in Colorado
- CW 5 22 Levels of Child Welfare Review
- CW 6 County Responses to Referrals
- CW 7 Implementation Status of GCWACI Recommendations 1-25
- CW 8 Implementation Status of GCWACI Recommendations 26-35
- CW 9 Substantiated Institutional Abuse/Neglect Rates for County and CPA
Foster Homes

Section 2 - Children and Family Services Review (CFSR) **Pages 14-21**

- CFSR 1 Children and Family Services Review (CFSR) Introduction
- CFSR 2 CFSR Results
- CFSR 3 CFSR Results- National Standards
- CFSR 4 Child Welfare Absence of Maltreatment Reoccurrence Measurement
- CFSR 5 Comparison of Big 10 and Rural Counties Recurrent
Maltreatment Rates

Section 3 - Centralized Call Center (GCWAC Recommendation #14) Pages 22-36

- CC 1 Introduction and Call Center Types by State

-
- CC 2 Call Center Myth 1- Cost Neutrality
 - CC 3 Call Center Myths - Consistency Part 1
 - CC 4 Centralized Call Center Myths- Consistency Part 2
 - CC 5 Centralized Call Center Community Response Myth
 - CC 6 Timeliness of Victim Interview Data
 - CC 7 Counties are Consistent in Screening Out Reports of Maltreatment for Investigation
 - CC 8 Differences in the Number of Fatalities per 100,000 by Type of Call Center
 - CC 9 Difference in the Rate of Absence of Repeat (Recurrence) Maltreatment by Type of Call Center
 - CC 10 Difference in the % of Referrals Investigated and the % Substantiated by Type of Call Center State
 - CC 11 Differences in Referral Rates per 1,000 Child Population by Call Center Type
 - CC 12 Changing Referrals Response Times
 - CC 13 Response Times by Type of Call Center State

Section 4 - County vs. State Administration

Pages 37-43

- ADM 1 County vs. State Administered States by Child Population
 - ADM 2 County vs. State Administered Out-of-Home Placement Rates and Absence of Repeat Maltreatment
 - ADM 3 County vs. State Administration and Child Fatality Rates Due to Maltreatment
-

ADM 4 Policy Studies Inc. (PSI) Report on State Reorganization

Section 5 - Local Services Delivery

Pages 44-47

LS 1 Local Service Delivery

LS 2 What is Being Done to Protect Children?

LS 3 Collaborative Management Programs (HB 1451)

Section 6 - Financial Analysis

Pages 48-60

F 1 How Does the Growth of Child Welfare Allocations Compare to Total Children Served?

F 2 State Costs and Considerations

F 3 Counties Subsidize Child Welfare with Local Funds

F 4 Transitioning County to State Staff

F 5 Child Welfare Allocations

F 6 County Human Services FTE

F 7 Unaddressed Issues in Recommendation 29

F 8 County Share – Recommendation 29

F 9 Recommendation 29 and Colorado Works

F 10 Recommendation 29 and Medicaid and Food Stamps Administration

F 11 Recommendation 29 and CCCAP

Section 7 - Public Assistance Programs

Pages 61-73

PA 1 Public Assistance Benefit Programs

PA 2 Food Assistance Program

PA 3 Medicaid and CHP+

PA 4 Colorado Works (TANF) Program

PA 5 Colorado Works Caseloads

PA 6 County vs. State Administrated Federal Work Participation Rates

PA 7 Colorado Child Care Assistance (CCCAP)

PA 8 Adult Financial Assistance Programs

PA 9 Adult Protective Services

Section 8 - Child Support Enforcement

Pages 74-81

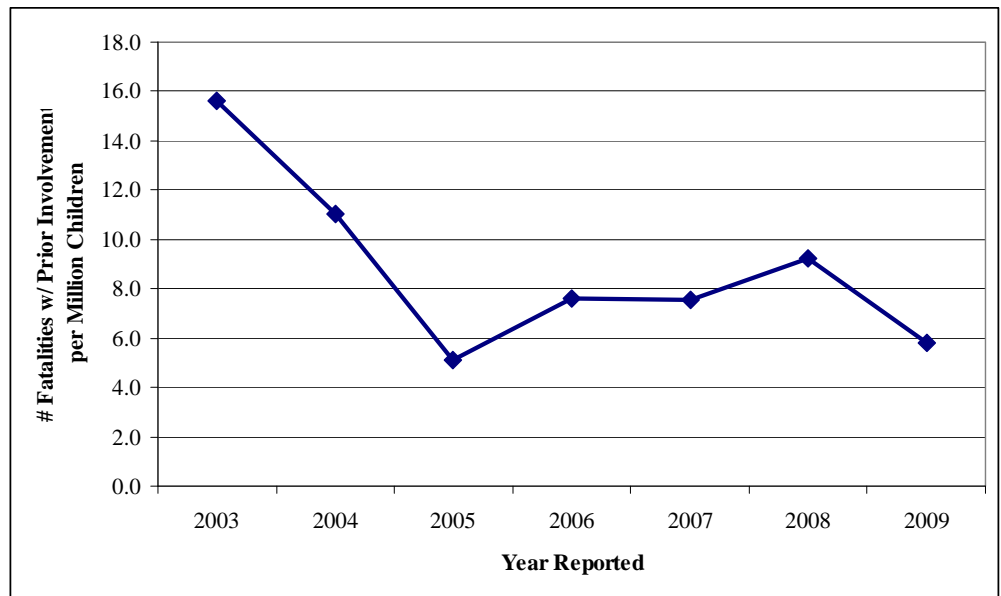
CSE 1 Child Support in Colorado

- Colorado’s intra-familial child fatalities **are very rare** when counties have been involved in child protection services.
- Colorado’s intra-familial child fatalities due to maltreatment have declined per million child population when counties have been involved.
- Intra-familial child fatalities with county involvement were highest in 2003 and reached a low in 2005 and have stayed relatively low even though the state’s child population (<17 years) was estimated to have grown by 8.5% or 98,714 children.

INTRA-FAMILIAL CHILD FATALITIES WITH PRIOR COUNTY INVOLVEMENT PER 1 MILLION CHILD POPULATION OVER TIME

This Graph shows Colorado’s Intra-Familial Child Fatalities with Prior County Involvement Per 1 Million Child Population Over Time from 2003 to 2009. The Graph shows **that intra-familial fatalities that have had prior county involvement are uncommon in Colorado** and declined from 2003 to 2005 and, as of 2009, are back near the 2005 low.

Intra-Familial Child Fatalities with Prior County Involvement Per 1 Million Child Population Over Time



Source: Analysis of TRAILS data.

Note: 2003 was selected as it is the first full year of TRAILS data.

- The number of referrals (reports) of child maltreatment handled by the county departments grew by 22% from 2003 to 2009.
- Colorado’s child fatalities due to intra-familial maltreatment have declined since 2003 from 32 to 29 in 2009.
- Colorado’s child fatalities due to intra-familial maltreatment when the county department of social services had prior involvement has declined since 2003 from 18 to 7 in 2009.
- The Trails data indicate a reduction in the percent of child fatalities due to intra-familial abuse or neglect in which there was prior county involvement. In 2003, 56% of all child fatalities due to intra-familial abuse or neglect had prior county involvement whereas that was reduced to 24% in 2009.

SUBSTANTIATED FATALITIES DUE TO INTRA-FAMILIAL ABUSE/NEGLECT HAVE MOVED IN THE RIGHT DIRECTION

The table below shows child fatalities due to substantiated/founded reports of intra-familial abuse or neglect by year for the past 7 years. It also displays the number of fatalities in which there was prior child welfare involvement (defined as a prior referral, assessment/investigation, or case involving the child prior to the substantiated fatality).

The table shows that the number of referrals (reports) of child maltreatment handled by the counties grew by 22% from 2003 to 2009. The table shows, the number of fatalities due to intra-familial abuse or neglect has been reduced from 32 in 2003 to 29 in 2009 as has the number of fatalities with prior involvement – which has gone from 18 in 2003 to 7 in 2009. Note that the **percent of fatalities with prior county involvement has dropped over this span from 56% to 24%.**

Substantiated (Confirmed) Fatalities due to Intra-Familial Abuse/Neglect by Year 2003-2009

Year Reported	Number of Referrals to Counties	Number of Fatalities due to Intra-Familial Abuse/Neglect	Number of Fatalities with Prior County Involvement**	% of Fatalities with Prior County Involvement
2003	61,232	32	18	56%
2004	64,527	25	13	52%
2005	66,804	23	6	26%
2006	69,524	23	9	39%
2007	72,505	24	9	38%
2008	76,524	28	11	39%
2009	74,706	29	7	24%

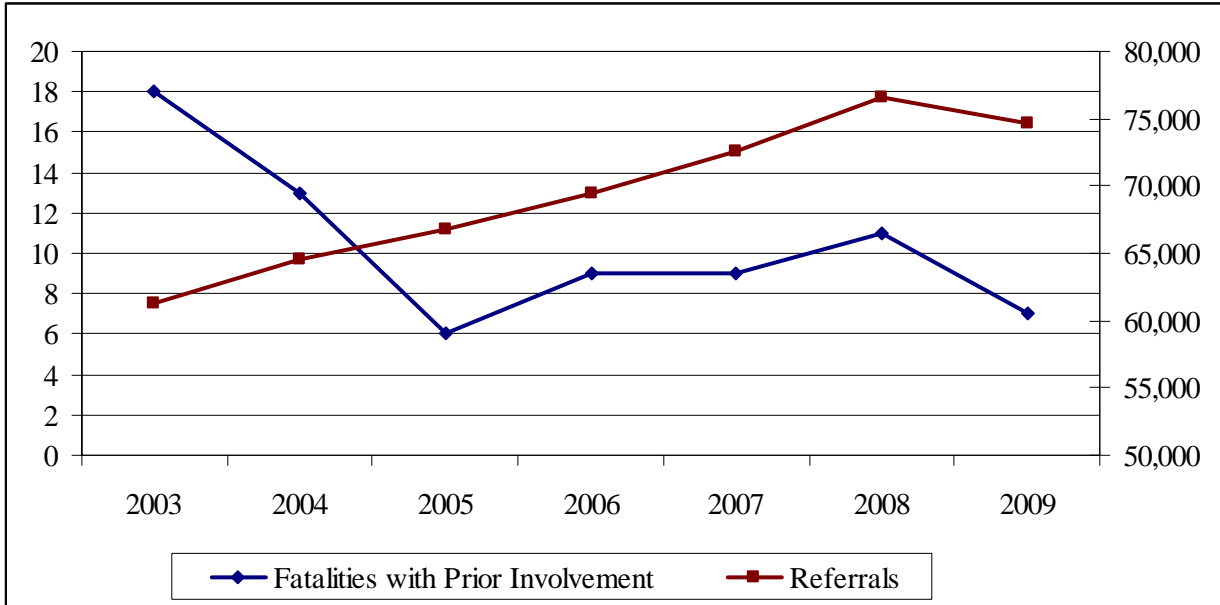
Source: TRAILS data

** Note: Data includes the child fatalities due to intra-familial abuse or neglect and not the 3rd party or institutional fatalities. Prior involvement measured as child (victim) involved in a referral, assessment (investigation), or child welfare case at any time prior to the date of the confirmed fatal incident. The ratio between the number of referrals (Column 2) to fatalities with prior county involvement (Column 4) is extremely small. In 2003 it was .00029% and improved in 2009 to .000093%. This indicates that even though child protection referrals

[Back](#)

increased from 2003 to 2009, corresponding child fatalities due to maltreatment with prior county involvement are even less uncommon (rare) in 2009.

Fatalities Due to Intra-Familial Abuse/Neglect with Prior County Involvement and Referrals by Year 2003-2009



Source: TRAILS data.

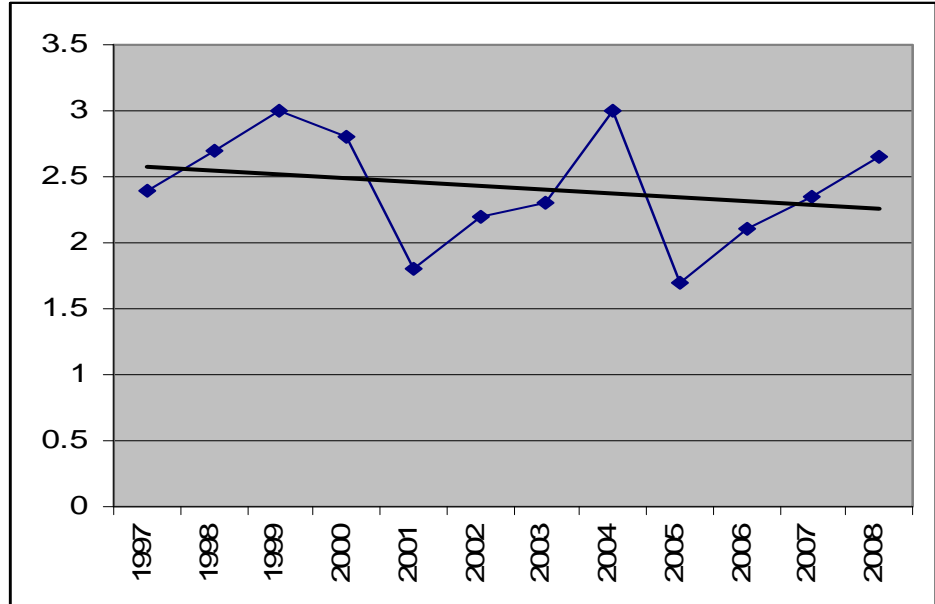
- The data show that **over the past 12 years**, for which data is available from a national sources (CWLA and NDAS), there was a slight trend downward for child abuse and neglect deaths in Colorado.

- Child Maltreatment Fatalities per 100,000 for 4 Year time spans of available data:

1997-2000	2.73
2001-2004	2.33
2005-2008	2.20

COLORADO'S CHILD MALTREATMENT FATALITIES PER 100,000 CHILDREN FROM 1997 TO 2008

**Colorado - Child Fatalities per 100,000 Child Population
1997 to 2008***



Source: Data from CWLA (Child Welfare League of America) and NDAS reports.

Note: The straight line (black) is the trend line.

- Child welfare workloads have increased in Colorado.
- The numbers of child welfare referrals and assessments have grown by **22%** and **13%** respectively from 2003 to 2009.
- The number of referrals increased from **61,232** in 2003 to slightly over **74,700** in 2009.
- Increased referrals resulted in an increase in assessments from **33,871** in 2003 to **38,273** in 2009.
- The number of substantiated cases of abuse or neglect grew by **15%**.
- The number of cases opened has declined over this same span showing a **20% decrease**.

WHAT ARE THE CHILD PROTECTION TRENDS IN COLORADO?

This table shows the number of unduplicated child referrals, assessments (investigations), founded assessments, and ongoing cases opened from assessment handled by child welfare for abuse, neglect, or children beyond the control of their parents or guardians from 2003 to 2009. These data represent children served due to abuse or neglect as well as youth beyond the control of their parents, the two primary populations served by the Colorado Child Welfare system.

Year	Referrals	Assessments	% Assessed	Founded	% Founded	Cases Opened*	% Opened
2003	61,232	33,871	55%	6,587	19.4%	10,289	30%
2004	64,527	33,864	52%	6,910	20.4%	10,127	30%
2005	66,804	34,098	51%	7,151	21.0%	10,405	31%
2006	69,524	35,603	51%	7,334	20.6%	9,924	28%
2007	72,505	37,245	51%	7,267	19.5%	9,614	26%
2008	76,524	38,540	50%	7,538	19.6%	9,238	24%
2009	74,706	38,273	51%	7,575	19.8%	8,230	22%

Source: Colorado Trails

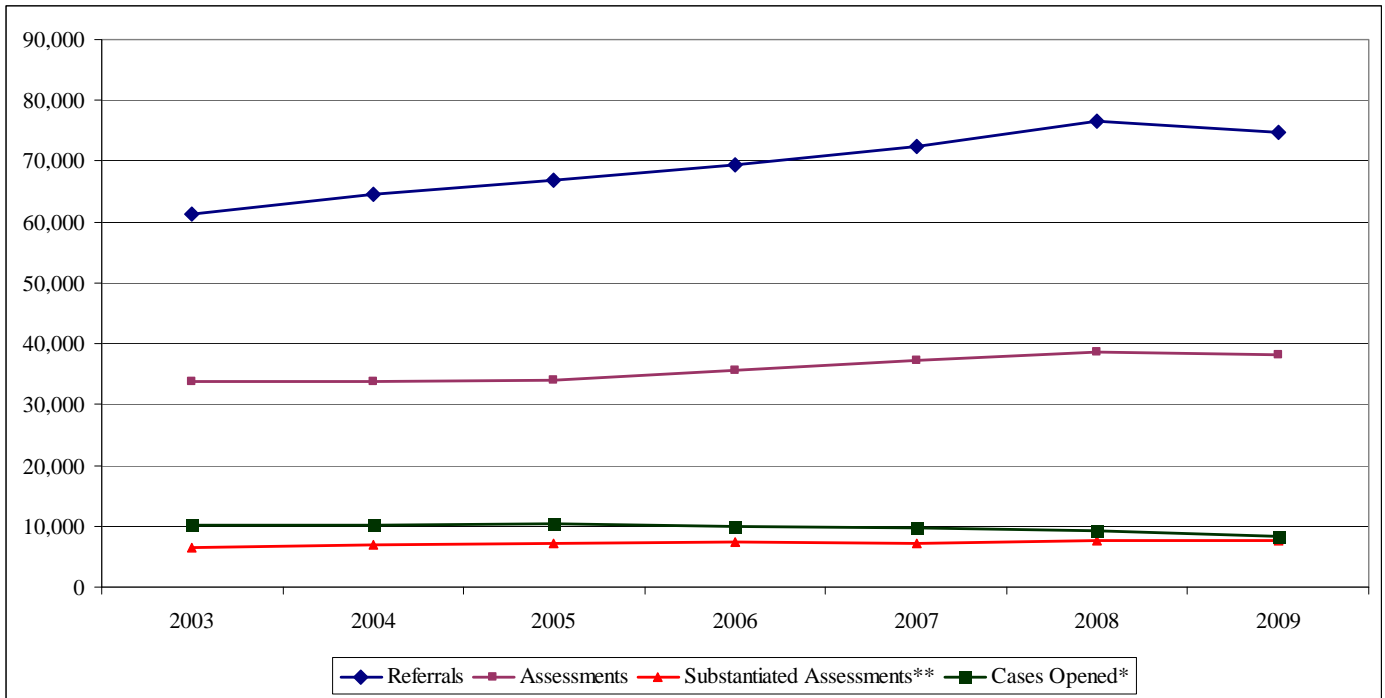
Notes:

* Cases opened represents new cases being opened from assessments, closed cases re-opened as a result of an assessment, and assessments connected to open cases.

The number of referrals has increased by 22% from 2003 to 2009 while the number of assessments or investigations has increased by 13% over the same time period. However, the number of cases opened has declined over this same span showing a **20% decrease**. The decline in opened cases over this span is can be attributed to better screening and serving lower risk families through collaborative community efforts rather than through traditional ongoing child protection case services. This is consistent with best practice and other national trends.

Chart on Reverse

Referrals, Assessments, Substantiated Assessments and Cases Opened by Year



- Colorado's child welfare system has **21 different levels of review.**
- The establishment of a state ombudsman will make it **22 levels.**
- Anytime a child dies due to maltreatment and a government agency had prior involvement, the media tends to become involved and thus becomes another level of review.

22 LEVELS OR TYPES OF REVIEW

Colorado has several checks and balances of its child welfare practice. The following is a list of the levels of review of Colorado's child welfare system:

1. **Courts** - Courts are the **key decision-makers** in the placement of children and retaining children in out of home placement, termination of parental rights, or reunification with the family.
2. **Guardians ad litem/Other Attorneys (Office of Child Representative)** –Represent children on legal and programmatic (child welfare service) matters.
3. **Court Appointed Special Advocates (CASA)** – Are appointed by the court to serve as advocates for families and children.
4. **State Fatality Review Team** – This state multidisciplinary team, comprised of medical and child protection experts, reviews all child fatalities in the state that meet specific criteria.
5. **Child Protection Teams** - Required in statute for all counties that receive 50 or more referrals. These teams are composed of community agencies and are convened to review the response provided to reports of abuse and neglect and the findings of investigations.
6. **Division of Child Welfare Services** – Conducts **special reviews** of county programs.
7. **Grievance Processes** – The state requires that counties have a grievance process in place for any client to grieve the manner in which a case was handled or services are provided.
8. **Citizen Review Panels** – Are required in statute for the purpose of hearing concerns that a client might have about how a child welfare caseworker has conducted themselves. **Most complaints get resolved before panels are needed.**
9. **County Commissioner Offices** - Commissioners are contacted by citizens regarding child welfare practices.

Back

10. **Colorado Department of Human Services' (CDHS) Audit Division** – Conducts audits that focus on the financial aspects of child welfare.
11. **Law enforcement and hospital authorities** - Provide assessments, investigations, evaluations, and verifications of child protection issues and events.
12. **CDHS Division of Appeals** - Reviews county findings when a person found responsible for abuse and neglect appeals to the state.
13. **CDHS Child Welfare Division Child Fatality Reviews** – Conducts reviews of child welfare fatalities that often are on-site at the county. These reviews focus on county procedures and compliance in handling child protection investigations.
14. **Colorado Department of Human Services** – Performs **IV-E Audits** to ensure compliance with federal and state law.
15. **State Auditor** – Has and continues to conduct performance audits of child welfare in Colorado. The State Auditor has conducted **8 performance audits** of child welfare programs since **1998**.
16. **Family Preservation or Core Service Commission Reports.** Are annual reports on county efforts to provide in-home services to families and children with community input.
17. **CDHS Administrative Review Division (ARD).** Reviews in face-to-face meetings, with an invitation to the parents and foster parents to attend along with the caseworker, the cases of all children in out of home care every six months.
18. **CDHS Monitoring of 24-Hour Care Facilities.** This team was created to monitor those licensed facilities that provide 24-hour care to children. The team responds to critical incident reports and follows-up with state level investigations where abuse/neglect findings have occurred.
19. **CDHS Program Reviews.** Conducts specific program reviews on an annual basis to oversee for compliance.
20. **CDHS Complaint Process.** When a complaint is received regarding a county's action in a particular case, the State first requests a written response from the county be sent to the individual.
21. **The Child and Family Services (Federal) Review (CFSR).** Conducted in every state through an on-site child welfare case review, pulling of data measurements, and interviews of consumers and partners in local agencies.
22. **State Child Welfare Ombudsman.** This is a new office that will review and respond to complaints against government agencies.

- It has been stated that some counties do not open child protection cases.
- It is true that three counties did not open a child protection case in SFY 2009.
- It is also true that these same counties were very small and did not have many referrals in the first place. One county had 1, another had 4 and the third had 8 referrals.
- If the state has an issue with a county not opening a case, it should assume its statutory supervisory role and investigate that county.

IS THERE AN ISSUE WITH VARYING COUNTY RESPONSES TO CHILD PROTECTION REFERRALS?

It has been stated that some counties do not open child protection cases. The implication is that some counties are not opening cases when they should be and that county practices are inconsistent. The cited example is some counties opened 0% of their referrals during SFY 2009 and others opened 100%. The counties believe that numerous factors would result in differences among the counties in responding to referrals. Counties do not open cases on referrals because:

- **Some** counties are small and do not receive many referrals. For example, a total of only 13 child protection referrals were received by the three counties that did not open a case in SFY 2009. **It should be kept in mind that most referrals are not substantiated, (19.8% in 2009) a national pattern.** Even if the 19.8% Colorado average were applied to the 13 referrals, only 2 would have been opened.
- Some counties **offer services to keep cases from being opened.** Some counties work hard to wrap services around families to keep children safe and in their families. TANF and other programs are specifically designed to reduce the need for opening child protection cases. This is consistent with national best practice.
- The nature of reporting or making referrals differs from county to county and state statute (**CRS 19-1-103(b)**) allows some flexibility when it comes to local child rearing practices. Improved community awareness and education can lead to more reporting and consequently drive the percent of assessments and open cases upward.
- Case openings are often linked to the resources of the family. Some families are able to meet their needs without opening a case.
- Some counties are practicing a variation of **differential response**, which is an approach to child protection recommended by the Governor’s Child Welfare Action Committee and passed into law.
- Counties are effective in screening out inappropriate referrals. Recent joint **state/county screen out reviews** have found that fewer cases that were screened out needed follow-up, specifically **5%** (2009), suggesting that counties are doing a good job of responding to referrals.

- The First Governor's Child Welfare Action Committee made 35 recommendations.
- Of these 35, 11 were completed, 6 are ongoing, 15 have passed or have future completion dates, and 6 do not have completion dates as distributed by CDHS at the first Governor's Child Welfare Action Committee II's meeting.

Note: There is a second Factsheet on recommendations.

WHAT IS THE IMPLEMENTATION STATUS OF THE GOVERNOR'S CHILD WELFARE ACTION COMMITTEE'S RECOMMENDATIONS 1-25?

1. Mandatory Reporters of Child Maltreatment: To allow professionals to receive status of the investigation unless waived. **(Completed)**
2. Quality Assurance and State Leadership on Cultural and Diversity Issues: To address disparities and reduce disproportional representation of minority children in the system. **(Ongoing)**
3. Pre-Service Training for Child Welfare Caseworkers, Supervisors and Case Aides: To ensure that staff have required competencies before they take a case. **(Ongoing)**
4. Pre-Service Training for Child Abuse/Neglect Hotline Staff: To ensure that staff have required competencies before they take a case. This recommendation requires new funding. **(09/2011)**
5. Expansion of the Child Welfare Educational Stipend Program: To provide incentives for highly educated professionals to enter the child welfare workforce. **(09/2011)**
6. Evaluation of Training Effectiveness: To ensure that the Academy curriculum is congruent with current policy and practice standards. **(Ongoing)**
7. Domestic Violence Representation in Collaborative Management Programs: To enable case planning and service delivery to be more collaborative across systems. **(Completed)**
8. Assessing Domestic Violence in Child Abuse and Neglect Reports: To address the co-occurrence of child maltreatment and domestic violence to ensure proper coordination of services. **(Completed)**
9. Utilizing Judicial Records: To give county investigators information about existing criminal records to improve their assessments and safety of children. **(Completed)**
10. Utilize Temporary Assistance for Needy Families Reserves to Support Domestic Violence Intervention and Prevention: To provide additional resources for the prevention of domestic violence. **(Completed)**
11. Child Welfare Organizational Study and Workload Analysis: To understand the best organizational design and staffing resources needed for an ideal system. **(Completed except for the workload study).**
12. Child Welfare Division Research and Performance Improvement Team: To make sure that program decisions and services are based on good research, analysis, and evaluation. **(Completed)**

Back

13. A - Task Force Recommendation # 5: Oversight of Counties Compliance and Workload Study: To ensure that an analysis of county-state relationship and workload study of CDHS, county departments of human/social services is completed. To create administrative rules and progressive disciplinary process, and to establish consistency throughout the state in the provision of child welfare services. (9/2011)

B- Task Force Recommendation # 11: Youth Will Be Adequately Prepared for Emancipation: To improve permanency outcomes for youth, ensure that youth have access to their vital records, access to Medicaid benefits when emancipating from foster care and have sibling visitation. (Completed)

C- Task Force Recommendation # 13: Provide Increased Support and Services to Kinship Caregivers for Children in Out-of-Home Placements. (7/2010)

D- Task Force Recommendation # 15: Develop a Funding Strategy to Support Casework Staff Training on the Colorado Safety Assessment Instrument: To ensure that casework staff understands, utilizes and implements the Colorado Safety Assessment Instrument. (Completed)
14. Centralized Call Center: To provide citizens one central place to call to report allegations of child abuse or neglect. (1/2011)
15. Accountability Mechanisms (Office of Child Advocate): To provide an independent, impartial place to voice concerns regarding the response of the system to protect children. (7/2010)
16. Improve Child Welfare Data Quality and Evaluate Practice: To collect and report consistent information related to client demographics to address issues of disparity and disproportionality. (Ongoing)
17. Differential Response: To engage families in an alternative approach to traditional investigations that keeps children safer and families stronger. (Ongoing)
18. In-Service Training for Child Welfare Caseworkers, Supervisors, Case Aides (not included) and Child Abuse/Neglect Hotline Staff: To ensure that key child welfare staff has core competencies before they begin their new jobs. (Rules 3/2010 Training 7/2010)
19. Use of a Family Centered Engagement Method: To promote family leadership in culturally appropriate case planning and services delivery. (6/2010)
20. Access to Services: To promote the consistent delivery of high quality services throughout all of Colorado. (6/2010)
21. Establish a Statewide Training Program to Address Concerns Around Cultural Competency: To promote and advance culturally competent child welfare practices. (7/2011)
22. Child Welfare System of Care: To provide a practice model that ensures quality, consistency, and accountability for a full comprehensive service system. (6/2010)
23. Increase the Number of Kinship Care Homes and Culturally Appropriate Foster Homes: To give placement staff more culturally appropriate options for children who must be placed outside their own homes. (Ongoing and 7/2010)
24. Feedback to Mandatory Reporters of Child Abuse/Neglect: To provide needed information to professionals who report abuse and maintain an ongoing role with the child. (Completed)
25. Corrective Action Plans and Sanctions: To develop progressive steps to bring counties into compliance with basic requirements of rules and regulations. (10/2010)

- The First Governor's Child Welfare Action Committee made 35 recommendations.
- Of these 35, 11 were completed, 6 are ongoing, 15 have passed or have future completion dates, and 6 do not have completion dates as distributed by CDHS at the first Governor's Child Welfare Action Committee II's meeting.

WHAT IS THE IMPLEMENTATION STATUS OF THE GOVERNOR'S CHILD WELFARE ACTION COMMITTEE'S RECOMMENDATIONS 26-35?

- 26.** Change of Venue: To ensure that children whose case is moving from one county to another county have continuity of care and oversight. (Completed 7/2010)
- 27.** Recruitment of Faith Based Resource Families: To utilize faith communities to recruit, train, and retain foster and adoptive parents. (Ongoing)
- 28.** Child Welfare Quality Assurance Program: To develop a system of continuous quality improvement based on the highest standards of child welfare practice. (6/2010)
- 29.** Organizational Structure for Delivering Child Welfare and Other Human Services in Colorado: To determine the most effective organizational design and capacity to protect and serve Colorado's children. (1/2010)
- 30.** Develop Training on the Issue of the Co-Occurrence of Domestic Violence, Substance Abuse and Mental Health: To establish a level of competence for child protection professionals handling co-occurrence issues. (No date)
- 31.** Representative on Collaborative Teams: To facilitate cross-system collaboration between providers in child protection cases involved with co-occurring issues. (No date)
- 32.** Joint Analysis of Behavioral Health Organizations: To promote local information sharing in order to provide mental and substance abuse services for children and families involved in the child welfare system. (No date)
- 33.** Development of a Statutes Review Group: To improve the clarity of the Colorado Revised Statutes as they relate to child protection cases. (No date)
- 34.** Domestic Violence Intervention Approach: To develop standardized principles, protocols and practices to be used by child protection workers working on child protection cases involving domestic violence. (No date)
- 35.** Standardized Co-Occurrence Screening: To develop a comprehensive screening and risk assessment tool to better determine the needs and services for children and families involved with child protection. (No date)

Child Welfare Fact Substantiated Institutional Abuse/Neglect Rates for County and CPA Foster Homes CW 9

Colorado Counties Inc.

8-6-2010

- When children are abused or neglected in foster care (placement outside of their immediate families), it is labeled “institutional abuse.” **Institutional abuse is relatively rare in Colorado, having never surpassed 1.21% over the past three years.**
- Comparing state licensed to county foster homes, the differences are small.
- **The raw numbers of institutional abuse cases per year declined from 75 to 44 or 42% from 2007 to 2009.**

DO INSTITUTIONAL ABUSE/NEGLECT RATES DIFFER IN STATE CERTIFIED CPA PLACEMENTS FROM COUNTY CERTIFIED FOSTER HOMES?

Commissioners requested some information on whether founded (substantiated) abuse/neglect rates were higher in state licensed Child Placement Agencies than County certified foster homes. Abuse occurring in foster care of any type is labeled institutional abuse/neglect. The data in the following table show that substantiated abuse rates were comparatively higher in state licensed CPA foster homes in 2007 but higher in county foster homes in 2008 and 2009. It should be noted that institutional abuse/neglect is uncommon, regardless of whether it is a state or county certified foster home, never higher than 1.21% in the three years reviewed. It is also noteworthy, that the number of cases **dropped by almost 42%** from 2007 to 2009.

Children Placed in Foster Family Home Care

Foster Home Type	2007	2008	2009
CPA Foster	3976	3878	3578
County Foster	3624	3547	3233

Founded Victims of Institutional A/N in Foster Family Home Care

Foster Home Type	2007	2008	2009
CPA Foster	48	36	16
County Foster	29	42	28
Total	75	78	44

Founded Foster Home Institutional A/N Rate per 100 Children Placed

Foster Home Type	2007	2008	2009
CPA Foster	1.21	0.93	0.45
County Foster	0.80	1.18	0.87

Source: TRAILS.

Note: Analysis can only go back three years to get accurate data from Trails on this measure due to a data change in mid-2006 that required that providers be connected to all institutional abuse referrals.

- The Child and Family Services Review conducted by the Federal Government measures how well states perform in relation to each other on certain child welfare measures.
 - Colorado counties were responsible for approximately 42,000 child welfare cases in 2008. However, most of the results in the CFSR were based primarily on a review of only 65 cases in only three counties.
 - The nature of the review has led to some questionable results. For example, the CFSR case review of 19 cases showed that Colorado was in compliance on timeliness of adoption only 26 percent of the time. However, the federal government's own scoring system that takes into account all relevant cases in states showed that Colorado far exceeded the national standard of 106.4 with a 118.4 in timeliness of adoptions.
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The federal government is in the process of measuring how well states perform in relation to each other on critical child welfare measures using a process called Children and Family Services Reviews (CFSR). Each CFSR is a two-stage process consisting of a Statewide Assessment and an onsite case review of child and family service outcomes and program systems.

Recently there have been some incomplete and even misleading reports about the status of the child welfare system in Colorado. Colorado Counties believe that the entire, accurate story must be told. The federal government recently completed a CFSR in Colorado. The review determined that a number of areas in the Colorado Child Welfare system were “not in substantial conformity” with the federal standards or “areas needing improvement.”

However, very little has been reported about the nature of the review itself. Colorado Counties handled approximately 80,000 referrals of abuse and neglect in 2008 and were responsible for approximately 42,000 open child welfare cases. Most of the results in the CFSR were based primarily on a review of only 65 cases in only three counties. Additionally, the 65 cases are purported to represent several different types of cases. For example, some of the 65 cases were children in the Division of Youth Corrections system, some of the cases were adoption cases, some were children in out-of-home placements, some were children in their own homes and some were children in need of mental health services. Therefore, the CFSR results for any particular area were based on an even smaller number than 65 cases.

The nature of the review has led to some questionable results. For example, the CFSR case review of 19 cases showed that Colorado was in compliance on timeliness of adoption only 26 percent of the time. However, the federal government's own scoring system that takes into account all relevant cases in states showed that Colorado scored 118.4 which is substantially higher than the national standard of 106.4. Also, Colorado's statewide information system was found to be not in substantial compliance because one of the three counties reviewed had established a data entry process that delayed the entry of some data into the system, although the system met the requirements of tracking and identifying the status, demographic characteristics, and goals of children in foster care. There are other examples of areas in which the Colorado statewide data demonstrates that the information from the small sample of cases in the CFSR does not represent an accurate picture of the child welfare system in Colorado.

It is also important to put the Colorado CFSR results into a national context. Currently 35 states including Colorado have completed the current CFSR. The review is comprised of seven measures called “outcomes”, seven measures called “systemic factors” and six measures called “national data

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indicators.” The direct services to clients are measured by the “outcomes” and “national data indicators”. Colorado was found to be not in compliance in all of the “outcomes” along with 26 other states. The remaining nine states were found to be in compliance with *only* one outcome, the *same* outcome, which is “Children receive services to meet educational needs.” Colorado was found to be in compliance in four of the “six national data indicators” and out of compliance on a fifth by less than one-third of one percent. Twenty-six states were found to be in compliance on fewer than four indicators and one state was found to be in compliance on five. Some of the implications that Colorado's child welfare system has been shown to be deficient by the CFSR in national comparisons are inaccurate.

The CFSR data presented in the child welfare section in this document is based on the totality of child welfare cases not on the 65 cases drawn for the CFSR.

Colorado counties are, and have always been, invested in improving the child welfare system. The system is managed in partnership between the Colorado Department of Human Services and the counties. Both must make needed improvements driven by data and sound analysis.

- As of December 12, 2009, **35** states had been subject to federal Children and Family Services Reviews (CFSR). While CFSR reviews are important for improvement, it should be noted that **no state has passed this review.**
- Data reveal that in 2009, the year following the federal review, **Colorado met or exceeded 10 of the federal CFSR goals and did not meet 6 goals.**
- When Colorado did not meet the 6 federal CFSR goals, it came very close to meeting most CFSR Goals. While the State is showing progress on all measures in 2009, 3 goals out of the 16 listed here need more improvement.

HOW WELL DOES COLORADO PERFORM ON FEDERAL CHILDREN AND FAMILY SERVICE REVIEW MEASURES (CFSR)?

The federal government is in the process of measuring how well states perform on critical child welfare measures. These CFRS reviews involve data and case file reviews. **No state has ever completely passed a CFSR review** and Colorado is no exception. A group of Colorado counties wanted to know how well the state was doing on CFSR data measures and took the initiative to develop a State scorecard. The scorecard only shows CFSR measures that are data driven and does not provide information on the case file portion of the CFSR review. The CFSR scorecard also excludes DYC data in the results. This scorecard for calendar year 2009 CFSR measures showed that Colorado's performance on data measures was:

- Children not experiencing repeat maltreatment within 6 months of a confirmed report of abuse or neglect (Goal > 94.6% Colorado **Met** = 95.7%).
- Children do not experience confirmed abuse or neglect in foster care (Goal > 99.68% Colorado **Unmet** = 98.97% or 99.3% of Goal).
- Reunifications (reunification, living with other relative) occurred within 12 months of date of removal (Goal > 75.2% Colorado **Met** = 82%).
- Median length of stay for reunifications (Goal <5.4 months Colorado **Met** = 5.1 months).
- Children removed from home for first time, % reunified in 12 months (Goal 48.4% Colorado **Met** = 61.4%).
- Children reunified during date range who do not re-enter out-of-home care within 12 months (Goal 90.1% Colorado **Unmet** = 80.6% or 89.5% of Goal).
- Children who existed care to a finalized adoption were finalized in less than 24 months from the time of the latest removal (Goal >36.6% Colorado **Met** = 56.9%).
- Median time in care for children who exit care to a finalized adoption (Goal 27.3 months Colorado **Met** = 22 months).

- Children placed in out-of-home care for 17 consecutive months as of period, % that achieved adoption finalization with 12 months (Goal >17.7% Colorado **Met** = 19.4%).
- Children freed for adoption will be adopted within 12 months of termination Goal 53.7% Colorado **Met** 62.2%).
- Children in foster care for 24+ months exit to permanency prior to 18th birthday (Goal >29.1% Colorado **Unmet** = 18.2% or 62.4% of Goal).
- Children who were legally free and discharged to permanency prior to 18th birthday (Goal 98% Colorado **Unmet** = 94.1% or 96% of Goal).
- Of all children who either (1) were, prior to their 18th birthday, discharged from foster care in Fiscal year with a discharge reason of emancipation, or (2) reached their 18th birthday in Fiscal year while in foster care, what percent were in foster care for 3 years of longer? (Goal <37.5% Colorado **Unmet**= 39.2% or 95.6% of Goal).
- Children who have been in foster care for less than 12 months from the time of the latest removal from home have had no more than 2 placement settings (Goal >86.7% Colorado **Met** = 92.7%).
- Children who have been in foster care for more than 12 months but less than 24 months from the time of the latest removal from home have had more than 2 moves (Goal >65.4% Colorado **Met** = 71%).
- Children who have been in foster care for more than 24 months from the time of the latest removal from home have had no more than 2 placement settings (Goal .41.8% Colorado **Unmet** = 31.5% or 75.3% of Goal).

Conclusion:

The full story of Colorado's CFSR performance has not been told. Colorado's performance on several of the data CFSR measures would suggest that it is doing better than many states and continued to improve in 2009.

The counties remain committed to doing even better on CFSR measures in the future.

- As of December 12, 2009, **35** states had been subject to a second round of federal Children and Family Services Reviews (CFSR). While CFSR reviews are important for improvement, it should be noted that **no state has fully passed this review.**
- Colorado exceeded the national standard in 4 of 6 data indicators and composites.
- During the most recent CFSR review, Colorado exceeded the national standard for absence of abuse or neglect recurrence and has exceeded the national standard in each of the last 5 years (see chart on reverse).
- During the most recent CFSR review, Colorado ranked in the top third of all states on all 4 permanency composite measures.
- Although Colorado did not meet the national standard for absence of abuse/neglect in foster care, the State's performance has improved over the last 5 years (see chart on reverse).

HOW WELL DOES COLORADO PERFORM ON FEDERAL CHILDREN AND FAMILY SERVICE REVIEW MEASURES (CFSR)?

The six national data indicators allow each State to compare certain safety and permanency data indicators with national standards determined by the Children's Bureau.

This data sheet summarizes Colorado's performance on the six national data indicators using the data profile from the most recent CFSR review (Round 2) conducted in March of 2009.

Colorado Safety and Permanency Data Profile from CFSR Round 2

Safety Measures	National Standard	Colorado Score	National Rank
Absence of Maltreatment Recurrence	94.6	95.3	21 of 48
Absence of Abuse/Neglect in Foster Care*	99.68	99.41	34 of 51
Permanency Composite Measures	National Standard	Colorado Score	National Rank
1. Timeliness/Permanency of Reunification	122.6	125.3	10 of 47
2. Timeliness of Adoptions	106.4	118.4	8 of 47
3. Permanency for Children in Foster Care Long Periods of Time	121.7	124.0	14 of 51
4. Placement Stability	101.5	97.9	16 of 51

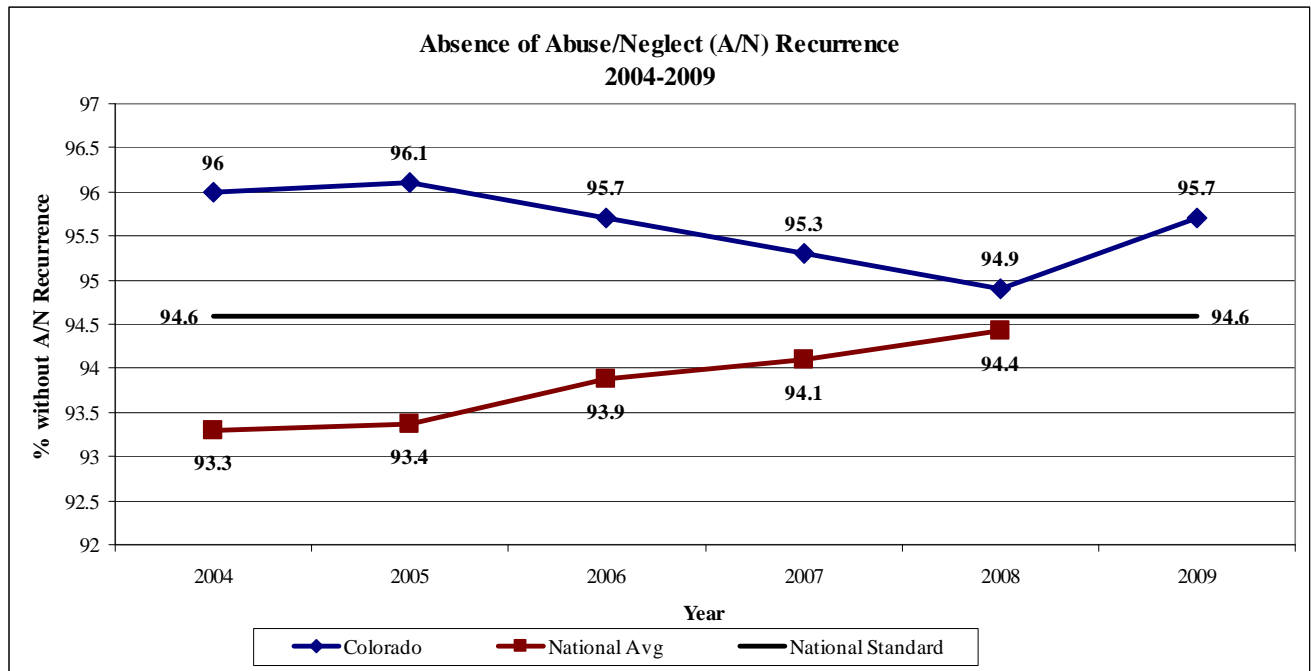
Source: Colorado Dept of Human Services 2009 Child and Family Services Review Statewide Assessment using data from FFY2007.

*** Note: 70% of the confirmed reports of Abuse/Neglect in Foster Care in FFY2007 were identified as a Minor severity level.**

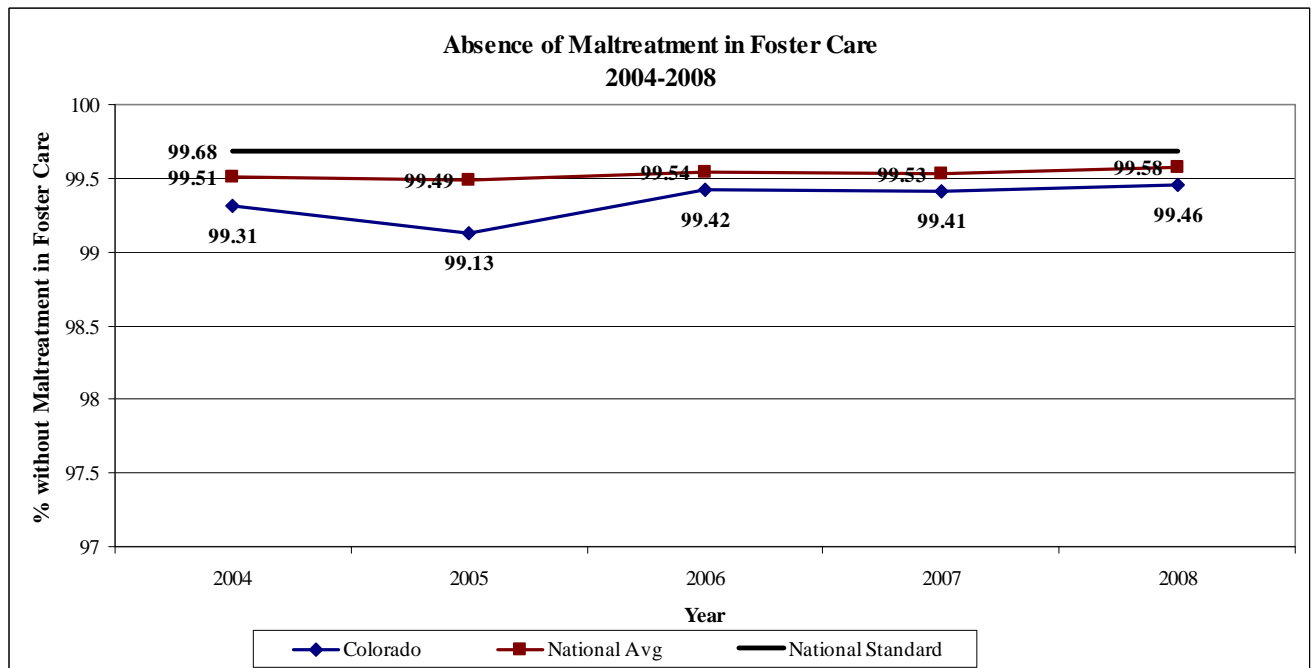
When considering the major growth in reports of child maltreatment across the state and the lack of resources for corresponding increases in county staff, Colorado's counties seem to be doing more with less.

See Back for Chart

As shown in the chart below, Colorado has outperformed both the national standard and the national average on the important CFSR safety measure of absence of abuse/neglect recurrence every year since 2004.



As shown in the chart below, Colorado has not achieved the national standard for absence of abuse/neglect in foster care; however performance on this measure has been showing improvement since 2004.

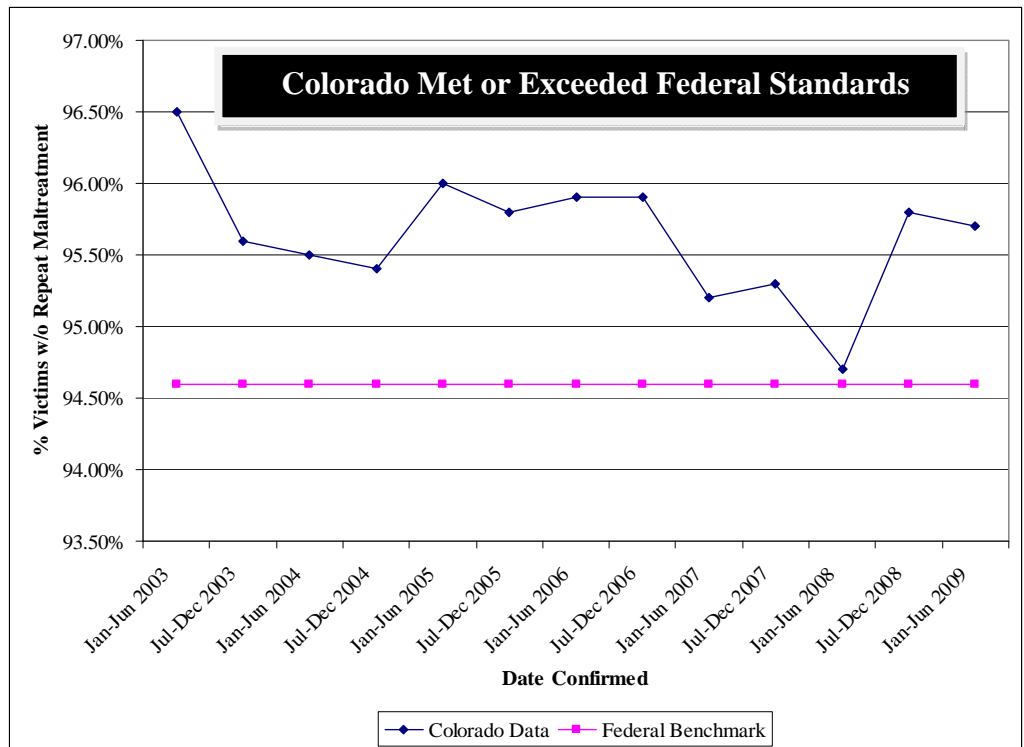


- Colorado performs well on a key federal measure of the absence of maltreatment recurrence.
- Colorado has been in compliance with this federal benchmark in each of the last 6 years, as the non-repeat maltreatment rate has remained consistently above the federal benchmark level of **94.6%**.

COLORADO PERFORMS BETTER ON KEY FEDERAL MEASURE OF THE ABSENCE OF MALTREATMENT RECURRENCE (INTRA-FAMILIAL ABUSE/NEGLECT)

Absence of maltreatment recurrence is a Federal Child and Family Services Review (CFSR) measurement. The Graph shows repeat intra-familial abuse and neglect rates from 2003 to June, 2009 as measured using Trails assessment data. The table displays Colorado’s semi-annual performance on the CFSR Safety Measure 1: Repeat Maltreatment. The Federal 75th percentile benchmark for this element is 94.6% or more children will not experience maltreatment recurrence - defined as having a substantiated incident of child abuse or neglect within 6 months of a previous substantiated (confirmed) report. Since 2003, Colorado has performed above the federal target of 94.6% (5.4%).

Absence of Maltreatment Recurrence (Intra-Familial Abuse/Neglect) 2003 -2009 (Defined as substantiated report within 6 months of previous substantiated report.)



- According to the federal government (CFSR) repeat (recurrent) child maltreatment is an important measure of child safety. It has been suggested that balance of state counties are inconsistent and do not do a good job of protecting children once they are known to the child welfare system.

- **2009 repeat (recurrent) child maltreatment data show that on average balance of state (rural) counties have essentially the same repeat child maltreatment rates as big 10 counties.**

- Data also reveal that Colorado's balance of state and Big 10 counties perform above the federal benchmark of **94.6%**. In short, regardless of size, children who are known to the child welfare system are protected from further abuse or neglect.

DO RURAL OR MID-SIZE URBAN (BALANCE OF STATE) COUNTIES HAVE HIGHER CHILD REPEAT (RECURRENT) MALTREATMENT RATES THAN BIG 10 (URBAN) COUNTIES?

A critical child welfare outcome is whether children that are known to the system are re-abused or have additional neglect. The Federal Government agrees and includes a measure of repeat (recurrent) maltreatment as a CFSR measure.

It has been suggested that rural or Balance of State counties are inconsistent and consequently do not protect children very well. The following table shows a comparison of Balance of State (rural) with Big 10 counties repeat maltreatment rates for 2009. **The data reveal that there is no important difference between balance of state and the big 10 counties. Both big 10 and the 54 balance of state counties performed above the federal CFSR benchmark.**

**Repeat Maltreatment by County/Balance of State All
Confirmed Reports of Intra-Familial A/N Reported in 2009**

County	# Founded Victims	# Repeat Maltreatment	% Without Repeat Maltreatment
Adams	1,864	85	95.4%
Arapahoe	1,498	46	96.9%
Balance of State*	1,964	107	94.6%
Boulder	445	12	97.3%
Denver	1,359	36	97.4%
El Paso	997	26	97.4%
Jefferson	1,330	63	95.3%
Larimer	428	9	97.9%
Mesa	380	14	96.3%
Pueblo	224	7	96.9%
Weld	502	18	96.4%
Total	10,947	423	96.1%

Source: TRAILS data.

***Note:** Balance of State refers to Colorado's 54 small and medium sized counties.

The types and number of call centers for the states and District of Columbia are:

- **24** states have county/local call centers.
- **23** state have state centralized call centers
- **4** states have unique systems.
- There is an almost equal number of county/local and state centralized call center states.
- **2** county child welfare administered states have centralized call centers. In contrast, **13 state administered child welfare states have county/local call centers.**

INTRODUCTION AND TYPES OF CALL CENTERS BY STATE

The type of call-center for each state was taken from a document that appears on the Colorado Department of Human Services (CDHS) website. States were categorized as having:

County/Local Intake Systems(24 States)

Statewide Centralized Intake Systems (23 States)

Unique Systems (4 States)

These data are shown in the following table (back) for each state and the District of Columbia.

To determine if there are differences between states that have call-center referral and screening processes and those with locally based referral and screening processes, data was analyzed from “*Child Maltreatment 2008*,” a US Department of Health and Human Services Administration annual publication (<http://www.acf.hhs.gov/programs/cb/pubs/cm08/>). The Child Maltreatment report data was used to answer the following questions:

Does the type of call-center make a difference in?

1. Rate of fatalities from child abuse or neglect?
2. Absence of maltreatment recurrence?
3. Percentage of referrals (reports) that are screened-in (e.g. accepted for investigation/assessment) and the percentage of investigations that are substantiated for abuse or neglect?
4. Response times? (e.g. time in hours between the initial report and first contact with the child victim)
5. Total numbers of referrals received?

Back

County Administered Child Welfare States with County/Local Based Call Centers	State Administered Child Welfare States with County/Local Based Call Centers
California Colorado Georgia Maryland Minnesota Nevada North Carolina North Dakota Ohio Wisconsin Total 10	Alabama Alaska Idaho Louisiana Oklahoma Oregon South Carolina South Dakota Utah Vermont Washington West Virginia Wyoming Total 13
County Administered Child Welfare States with Centralized Call Centers	States Administered Child Welfare States with Centralized Call Centers
Pennsylvania Virginia Total 2	Arizona Arkansas Connecticut Delaware District of Columbia Florida Hawaii Illinois Iowa Kansas Kentucky Maine Mississippi Missouri Montana Nebraska New Jersey New Mexico Rhode island Tennessee Texas Total 21
States with Unique State/Local Systems	
<p>Four states have systems that are unique. These states were New York, New Hampshire, Massachusetts, and Indiana. These systems are neither consistently county/local or state centralized.</p> <ul style="list-style-type: none"> • 1 splits institutional and intrafamilial reports (Indiana). • 1 has decentralized during the day and a centralized system after hours (New York). • 2 have centralized during the day and other agencies at night: a community children’s advocacy center (MA) and law enforcement (NH). 	

Source: Call center data from CDHS Document 41 accessed on line at: <http://www.cdhs.state.co.us/WorkingGroupStructureCallCenter.htm>. Fatality data from: “Child Maltreatment 2008,” a US Department of Health and Human Services Administration annual publication. Accessed on line at: <http://www.acf.hhs.gov/programs/cb/pubs/cm08/>.

- **Centralized call centers are not cost neutral and will require new funding.**
- The assumption that funds used to pay for county call center staff can simply be transferred to the state to operate a centralized call center will be adequate is inaccurate. The fact is counties contribute about **20%** of the funding for child protection positions intake positions. Thus, the state will either have to take this additional 20% from counties or seek new general funds.

MYTH: A CENTRALIZED INTAKE PROCESS/CHILD ABUSE HOTLINE CAN BE DESIGNED AND IMPLEMENTED IN A COST NEUTRAL MANNER

There are a number of cost considerations that will need to be addressed should a centralized call center be recommended. Many of these will increase the real costs of operations.

- **Infrastructure costs**, regardless of whether a center is for all or a limited number of counties, will be substantial (building costs, state staff, increased support services, hiring staff, etc.).
- Counties will still need staff to accept calls from the centralized hotline and perform all the necessary screening and assignment functions. State staff would need to keep track of items like "which administrator in a county is on call"-- or for that matter, which county responder is "on call." As the document mentions, counties would still require a point of contact in order to put work into motion in the county. **There will be little savings because county staff will still need to respond locally.**
- Adult protection calls that are typically accepted and screened by counties will require **reassignment to a call center**. This will further add to the state fiscal impact.
- Some options may result in **duplication** of referral, screening, and assignment processes, all of which will have fiscal impact for the state and counties.
- A percentage of calls received have nothing to do with child protection but will require local processing. Centralized call center staff will need to know for each participating county how and where to make referrals.
- The original recommendation states that counties will need to go out on "all referrals." Currently, there is a lot of data that suggests that it is unnecessary to investigate "all referrals," as some are unsubstantiated or frivolous. **Going out on more referrals will drive up county costs, unless screening is near perfect by centralized call center staff. If the state wants more investigations, it should pay for any increases in investigations and potentially more services.**
- Some counties have intake staffs that perform multiple functions for their respective agencies. How these staff positions will be covered if the positions are eliminated will need to be addressed.
- Replacing para-professional level staff at the county level with the proposed caseworker II level at the state will result in higher staffing costs.
- Some of the projected costs of updating rules, increased training, and increased monitoring and technical assistance by the State will be in addition to call center costs. These need to be considered in this tough budget climate.

- Proponents of a centralized call center suggest that centralization will lead to more consistency in processing and screening calls.
- It is a huge leap to conclude that state workers will be more consistent than county workers.
- State data reveal that counties are consistent in handling referrals of suspected child maltreatment.
- There is no data other than **anecdotal comments** that suggests that centralizing call centers results in more consistency. What leads to consistency is standardized screening tools implemented across the state and training. These are already addressed in Governor’s Child Welfare Action Committee I’s recommendations 4, 9, 18, 20, and 25.
- **State Rule 7.202.4 already requires consistency in processing referrals.**

MYTH: COUNTIES ARE INCONSISTENT AND CONSISTENCY WILL BE ACHIEVED BY A CENTRAL CALL CENTER

- Statewide consistency in intake screening can be increased through mechanisms currently in place and improvement of current processes.
- CDHS has not traditionally made available standardized training for screening practices in child protection leaving counties to train their own staff. The Governor’s Child Welfare Action committee’s recommendation for a new Child Welfare Training Academy and ongoing in-service training will partially address this issue and has the potential of fulfilling adequate training statewide to assure consistency among screening practices.
- There is an argument that there should be, “consistent qualifications for staff that answer calls across the state.” **State statute (CRS 26-1-107 (10))** already allows for this. The state and counties should work together to define specific duties, the required skill sets and then determine necessary qualifications. The state could then monitor for compliance.
- CDHS Administrative Review Division **screen out data support increasing levels of consistency among counties.** In 2008, after criteria were applied, only **6%** of those screened out should have been screened in for investigation. This improved to **5%** in 2009.
- Publication of a new number may create confusion and has potential for referral and response gaps leading to less consistent responses.
- There is no overarching evidence that centralization will ensure objectivity and reduce bias. In this same vein, there is no evidence that people working for the state will be different from people in the counties and will never have bias or be subjective.
- **State Rule 7.202.4 requires consistency in handling referrals:**
 - A. The county department shall have staff available **twenty-four (24) hours a day** to receive reports of abuse and neglect, conduct initial assessments of such reports and investigate those reports that are appropriate for child protective services. Continuously available means the assignment of a person to be near an operable telephone, pager system, or to have such arrangements made through agreements with the local law enforcement agencies.
 - B. The county department shall establish **response protocols** outlining the county plan for weekends, holidays, and after-hour coverage, to include:
 1. How the county will ensure that those individuals reporting abuse or neglect after hours are directed to the designated number or agency for response, and
 2. Requirements for thorough documentation to support the disposition/actions of the emergency response worker; and, The county department shall enter all referrals into the State Department’s automated system as outlined in Sections 7.200.6 and 7.200.61, and conduct an initial assessment.
 - D. The initial assessment shall decide the appropriateness of further investigation.

- It is accurate that counties could be more consistent in assessing child protection referrals.
- Assessment tools already exist in TRAILS and county use could be monitored by the state.
- **Intake worker training has not been offered** by the state but could be when resources are available.
- **State Vol. 7 rules already address many of the issues related to consistency but fall short in some requirements could be improved.**
- There is **no factual data to support the anecdotal claim that people making child protection referrals have more confidence in centralized call centers than they do in county based call centers.**
- If some counties are not providing 24/7 coverage, they should receive state assistance to achieve compliance.

MYTH: COUNTIES ARE INCONSISTENT AND CONSISTENCY WILL BE ACHIEVED BY A CENTRAL CALL CENTER

It is true more consistency is possible in Colorado. Critics argue that there is no consistent intake process across the state and counties ask questions differently. However, this is easily addressed. **TRAILS already has guiding questions and standard risk, safety, and NCFAS assessments.** The State could require the consistent use and full data entry into Trails and monitor it through ARD or some other monitoring group. There are other actions already being taken to improve consistency such as:

- The **Administrative Review Division (ARD) screen-out reviews** have been very helpful in equalizing practice as demonstrated by their data. Consideration could be given to doing these more often and requiring that the screeners in each county participate in these reviews at least annually.
- The **Differential Response** pilot is developing a screening tool to provide more guidance to screeners and more consistency with the type of information gathered during a referral call. Once this is completed, it could be adopted state-wide with required entry into Trails and counties could be audited to their consistent use of the tool.
- The **State has not offered training for screeners** for many years but could when funding is available. There could be a uniform training that is offered and a requirement that all current screeners are retrained and that any new screeners need to complete the training upon hiring.
- There is **no factual data** to support the anecdotal claim that people making child protection referrals have more confidence in centralized call centers than they do in county based call centers.
- The criticism that, “supervision is inconsistent to review calls and assign as necessary,” could be easily defined and put into rule. Vol. 7 does outline what does and does not constitute assignment to some degree but this section could be more clearly defined and the **rule could be updated.**
- The observation that, “uniform hours for intake are inconsistent,” is already addressed in **Vol. 7, Sec. 7.202.4:** “A. The county department shall have staff available twenty-four (24) hours a day to receive reports of abuse and neglect, conduct initial assessments of such reports and investigate those reports that are appropriate for child protective services. Continuously available means the assignment of a person to be near an operable telephone, pager system, or to have such arrangements made through agreements with the local law enforcement agencies.” If there are some counties that are not following this, then the State should provide technical assistance and enforcement of the rule.

- Centralized call centers undermine local responses to local issues, such as child protection.
- There is no data to support the idea that a centralized call center will improve community response to reports of child maltreatment.

**MYTH: A CENTRALIZED HOTLINE WILL IMPROVE
RESPONSE TO THE COMMUNITY**

- A centralized hotline is incompatible with the state supported and encouraged collaborative programs systems of care approaches, differential responses, and community collaborative programs.
- A centralized hotline removes and undermines the essential element of community collaboration. Relationships with local law enforcement, school districts, medical providers, judicial, etc. will be weakened because all calls go to a centralized location. **It runs contrary to CCI's positions on local service delivery and responses to community needs.**
- If a child is being physically abused, the quickest and most direct way to get law enforcement on the scene is to **call 911**. Calling a call center which then has to call law enforcement dispatch adds a layer of delay. In crisis situations, response time is of the utmost importance to the safety of children.
- A question that needs to be addressed is: How will small counties that have agreements with local law enforcement operate if there is a centralized call center? Will law enforcement be on call for the center or will the departments have to hire/pay overtime to staff to be available nights, weekends and holidays?
- A concern about a centralized call center is that **it will increase the response time on immediate (without delay)**. A report will go to the call center, they determine response, then talk with county and download what they've learned, etc. This makes it more difficult for Law Enforcement. When they call the center they will have to wait the 20 minutes or so it takes the center to determine response and call the county and have the county call them back and work out a plan. This represents a delay.
- Reporters may not know the county where the alleged abuse or neglect is occurring. For example, parts of Aurora are in Arapahoe County and others are in Adams.
- A high number of calls that counties accept that are not specifically child abuse and neglect calls, but calls in need of response have not been considered (est. 160,000 per year).
- How will the state call center staff transfer the info/knowledge to whomever is covering for the county? If they will be entering the information into Trails, the investigator will need to have access to TRAILS but what if the coverage person does not have immediate access to TRAILS? Will they then have to duplicate the effort by re-writing all of the information?
- Will the call center also be basically an answering service, take a message and call the county? Some calls, like detention overflow, will need to handle by the county given the local county procedures/protocols, agreements with other agencies.

- Reports (referrals) for child maltreatment in Colorado increased by **22%** from 2003 to 2009.
- Despite the increase in reports and corresponding workload, response times show an **8%** improvement in 2010 (6/20/2010).
- The state and counties work together to improve response times. The Administrative Review Division reviews for compliance and TRAILS has reports to help counties respond in a timely manner.

TIMELINESS OF VICTIM INTERVIEW DATA

Timely response to reports of suspected child maltreatment are important. The State provides strict timeframes that Colorado counties are required to follow, which depend on set criteria based on the risk to the child/ren.

Based on an updated Timeliness of Victim Interview response report for the most recent quarter, April-June 2010, Colorado is making a considerable improvement in performance on this measure compared to its measure in state fiscal year 2008-2009 (CW website). The statewide timely response rate is **86%** for the second quarter of 2010, compared to **78%** for SFY 08-09, a noted improvement.

Timeliness of Initial Victim Interviews - 2nd Quarter, 2010

County	Assessments	Interviews Required	% Timely Victim Interviews			
			Immediate	3-Day	5-Day	Total
Adams	882	1,421	84%	81%	80%	81%
Arapahoe	1,032	1,522	81%	93%	90%	90%
Balance of State (54 Medium or Small Counties)	1,730	2,581	83%	83%	83%	83%
Boulder	455	674	86%	91%	88%	89%
Denver	937	1,360	77%	84%	79%	79%
El Paso	1,054	1,695	82%	91%	84%	86%
Jefferson	834	1,280	89%	90%	95%	93%
Larimer	677	960	97%	96%	89%	91%
Mesa	244	367	66%	84%	75%	75%
Pueblo	227	392	89%	100%	93%	92%
Weld	602	913	90%	94%	88%	90%
TOTALS	8,674	13,165	84%	87%	86%	86%

Source: TRAILS data

NOTE: The counties believe the actual performance is anywhere from **3-5% higher** than what reports indicate because of factors that cannot be accounted for using rigid report logic, such as:

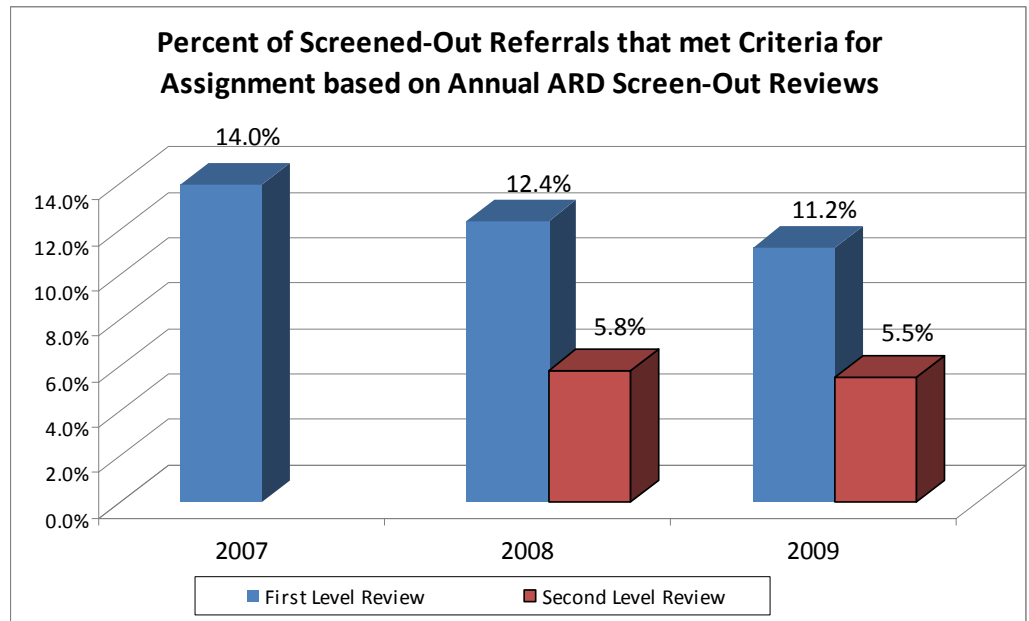
- County Holidays not being adjusted for in the 5-day response time assessments
- Efforts to contact victim being documented in Referral Notes rather than interviews area of Trails
- Initial attempts at victim contacts being coded in Trails as Collateral contacts rather than victim contacts
- Lack of date validation checks in Trails that lead to data entry errors of victim interview dates.

- The results of three years of screen out data show that the counties have improved in their screening of referrals for investigation.
- From 2007 to 2009, data from the first level screen-out review show that the percentage of screened-out referrals that met the criteria for investigation **improved from 14%, to 12.4%, to 11.2%.**
- Second level review results in 2008 and 2009 show that, respectively, 5.8% and 5.5% of all screened out referrals reviewed met the criteria for assignment.
- This improvement is likely due to improved screening practices at the county, the partnership of using county and state staffs to conduct the reviews, and changes in the way screen out reviews are conducted.

COUNTIES HAVE IMPROVED IN THEIR SCREENING OF REFERRALS FOR INVESTIGATION

For the past three years the Administrative Review Division (ARD) has been conducting Screen-Out Reviews. Each year a sample of child protection referrals that were screened out (not accepted for assessment) by the counties are reviewed by ARD, CDHS staff, and 25 to 30 child welfare supervisors. The screened-out referrals are reviewed to determine if the decision to screen out was appropriate. In 2008 and 2009 the final review decision was reviewed by a second independent team, referred to as the second level review.

Each year the percent of referrals that met the criteria for assignment (should have been assigned for investigation/assessment also called false negatives) is published. The graph shows that the percent of screened-out referrals that met the criteria for assignment based on the first level review improved from 14% in 2007, to 12.4% in 2008, to 11.2% in 2009. **Based on the second level review, which was first used in the 2008 screen-out reviews, the percentage of screened-out referrals that met criteria for assignment was 5.8% in 2008 and 5.5% in 2009.**



Source: Administrative Review Division Screen Out Review Reports.

Accessed on line at:

<http://www.cdhs.state.co.us/WorkingGroupStructureCallCenter.htm>

Note: The second-level review was added in 2008.

- National data reveal that over a 5 year span, **state centralized call center systems consistently reported higher child fatality rates per 100,000 child population due to child maltreatment than county/local administered call center systems.**

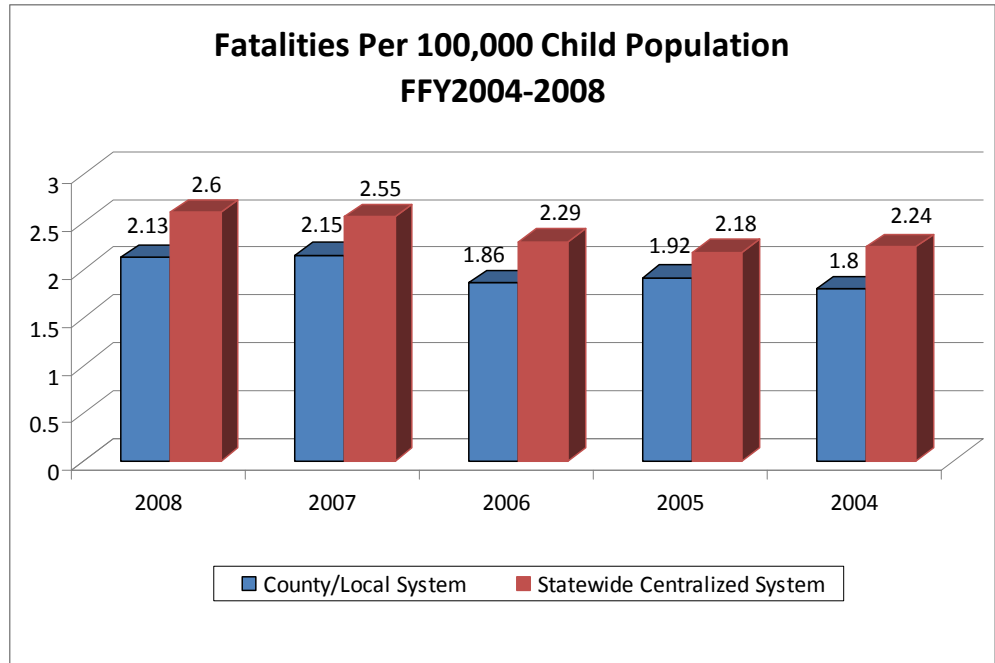
Child Welfare Fact Differences in the Number of Fatalities per 100,000 Children by Type of Call Center CC 8

Colorado Counties Inc.

8-11-2010

IS THERE A DIFFERENCE BETWEEN CALL-CENTER TYPES IN THE RATE OF CHILD FATALITIES DUE TO ABUSE/NEGLECT?

The rate of fatalities per 100,000 children is lower for the county/local call-center than state centralized systems over time.



Source: Call center data from CDHS Document 41 accessed on line at: <http://www.cdhs.state.co.us/WorkingGroupStructureCallCenter.htm>. Fatality data from: Child Maltreatment 2004-2008, a US Department of Health and Human Services Administration annual publication. Accessed on line at: <http://www.acf.hhs.gov/programs/cb/pubs/cm08/>.

Note: Four states have systems that are so unique that they would not allow for comparisons. These states were New York, New Hampshire, Massachusetts, and Indiana. In addition to being a small number (4) of states, New York disproportionately drives any analysis because of its large population. These systems are neither consistently county/local or state centralized. Specially:

- 1 splits institutional and intrafamilial reports (Indiana).
- 1 has decentralized during the day and a centralized system after hours (New York).
- 2 have centralized during the day and other agencies at night: a community children's advocacy center (MA) and law enforcement (NH).

Child Welfare Fact

Difference in the Rate of Absence of Repeat (Recurrence) Maltreatment by Type of Call Center CC 9

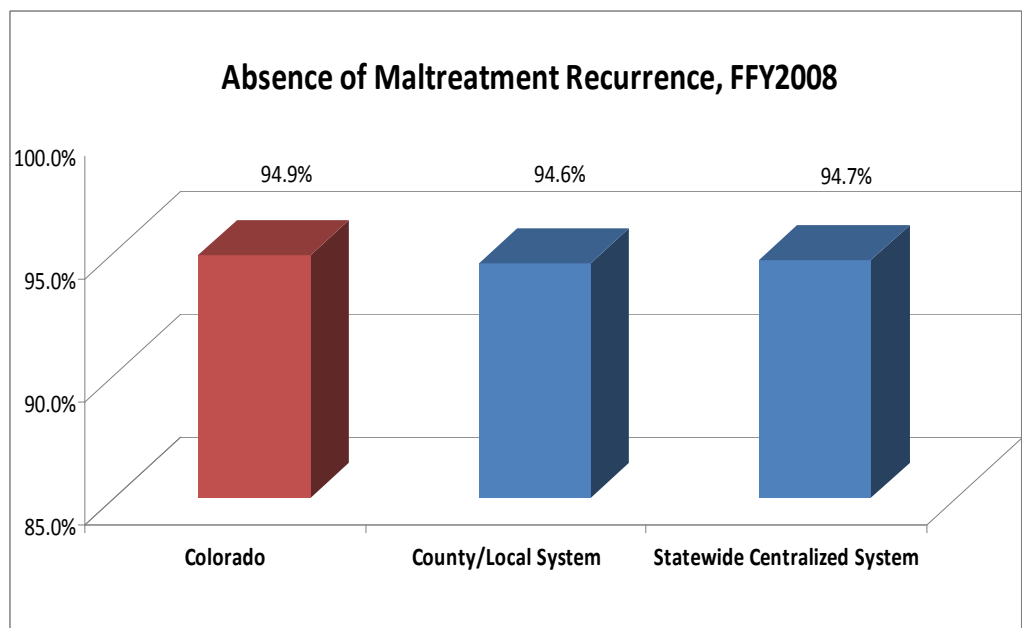
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- The absence of repeat child maltreatment (CFSR) was compared to the type of call center.
- The results are that there was very little difference based on the type of call center. The county/local system and statewide centralized systems are nearly identical; **94.59%** for county systems compared to **94.7%** for state centralized systems.

IS THERE A DIFFERENCE BETWEEN THE CALL-CENTER TYPES IN THE RATE OF ABSENCE OF MALTREATMENT RECURRENCE?

The absence of maltreatment recurrence rate (CFSR) for the the county/local system and statewide centralized systems are nearly identical; **94.59%** for county systems compared to **94.7%** for state centralized systems. Colorado's performance on this measure for FFY 2008 was **94.9%**, above the National Standard of **94.6%**.



Source: Call center data from CDHS Document 41 accessed on line at: <http://www.cdhs.state.co.us/WorkingGroupStructureCallCenter.htm>. Absence of maltreatment Recurrence data from: "Child Maltreatment 2008," a US Department of Health and Human Services Administration annual publication. Accessed on line at: <http://www.acf.hhs.gov/programs/cb/pubs/cm08/>.

Note: Four states have systems that are so unique that they would not allow for comparisons. These states were New York, New Hampshire, Massachusetts, and Indiana. In addition to being a small number (4) of states, New York disproportionately drives any analysis because of its large population. These systems are neither consistently county/local nor state centralized. Specially:

- 1 splits institutional and intrafamilial reports (Indiana).
- 1 has decentralized during the day and a centralized system after hours (New York).
- 2 have centralized during the day and other agencies at night: a community children's advocacy center (MA) and law enforcement (NH).

Child Welfare Fact Difference in the % of Referrals Investigated and the % Substantiated by Type of Call Center State CC 10

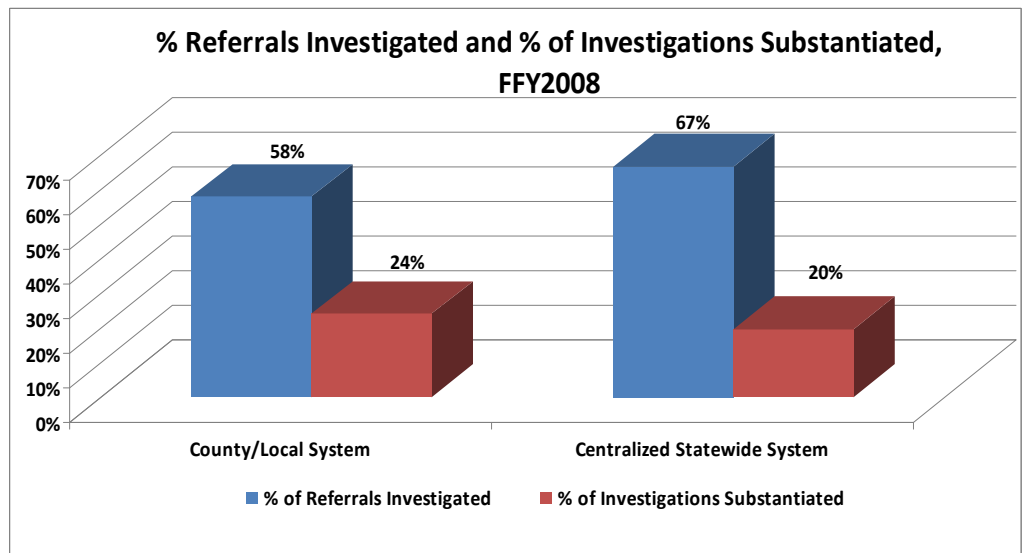
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- States with centralized call centers investigate more cases but substantiate fewer of the cases they investigate than county based call center systems.
- **Centralized call center states have the lowest rate of substantiation but go out on more investigations.**
- Conducting unnecessary investigations of referrals **drains needed resources** from child protection investigations and can be considered **intrusive**.
- For every 100 referrals, there are 13.9 founded reports in the States with Local intake systems versus 13.4 founded reports in states with central intake systems. Data suggests that states with County/Local intake systems make better screening decisions and use of intake resources.

IS THERE A DIFFERENCE BETWEEN IN THE PERCENT OF REFERRALS INVESTIGATED AND THE PERCENT SUBSTANTIATED BY TYPE OF CALL CENTER?

The differences between the call center types in the percentages of referrals that are investigated and in the rate of substantiation are not major. The centralized call-center states go out on more investigations, but have a lower substantiation rate. Centralized call center states have lower rates of substantiation. It may be that the county/local systems have a **better understanding of their community and reporters, and are better able to predict threats to child safety.**



Source: Call center data from CDHS Document 41 accessed on line at: <http://www.cdhs.state.co.us/WorkingGroupStructureCallCenter.htm>. Referrals investigated and substantiated investigations data from: “*Child Maltreatment 2008*,” a US Department of Health and Human Services Administration annual publication. Accessed on line at: <http://www.acf.hhs.gov/programs/cb/pubs/cm08/>.

Note: Four states have systems that are so unique that they would not allow for comparisons. These states were New York, New Hampshire, Massachusetts, and Indiana. In addition to being a small number (4) of states, New York disproportionately drives any analysis because of its large population. These systems are neither consistently county/local nor state centralized. Specially:

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Child Welfare Fact Differences in Referral Rates per 1,000 Child Population by Call Center Type CC 11

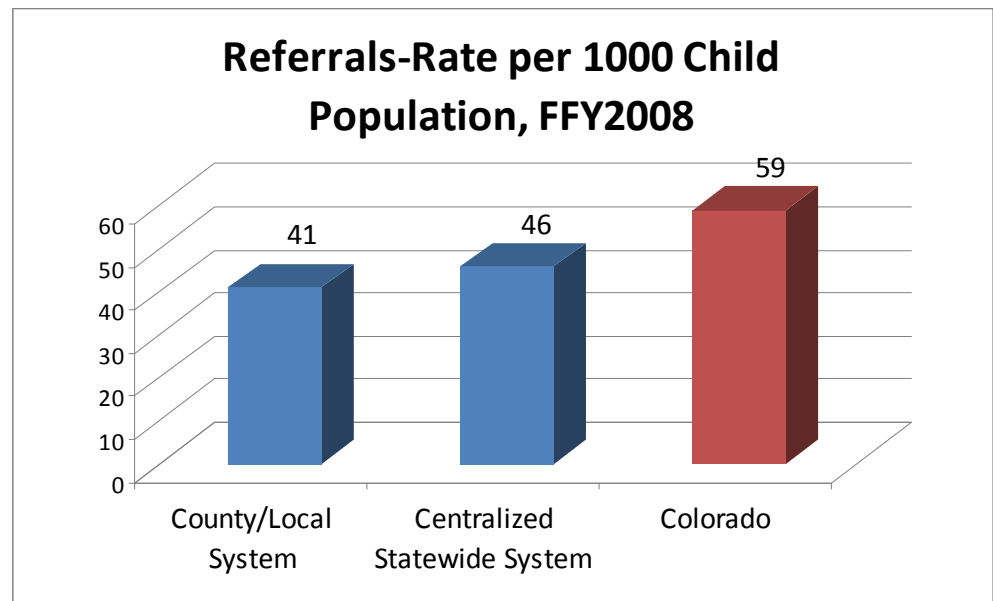
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8-11-2010

- State centralized call center states on average have higher referral rates than county/local call center states.
- Although centralized call center states have, on average, higher referral rates, they also have lower rates of substantiation for maltreatment than county/local call center states.
- **Colorado's referral rate per 1,000 children is higher than both the County/Local and Centralized/State systems' average rates of referral**

IS THERE A DIFFERENCE IN THE REFERRAL RATES RECEIVED BY TYPE OF CALL CENTER STATES?

This question was addressed by comparing the rate of total referrals (reports of alleged abuse or neglect) per 1,000 of the child population. Although there are differences in the call-center type rates, the differences are not major.



Source: Call center data from CDHS Document 41 accessed on line at: <http://www.cdhs.state.co.us/WorkingGroupStructureCallCenter.htm>. Referral data from: "Child Maltreatment 2008," a US Department of Health and Human Services Administration annual publication. Accessed on line at: <http://www.acf.hhs.gov/programs/cb/pubs/cm08/>.

Note: Four states have systems that are so unique that they would not allow for comparisons. These states were New York, New Hampshire, Massachusetts, and Indiana. In addition to being a small number (4) of states, New York disproportionately drives any analysis because of its large population. These systems are neither consistently county/local or state centralized. Specially:

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- The anecdotal statement was made at a Governor’s Child Welfare Action Committee II meeting that caseworkers were changing response times to referrals for child maltreatment. It was implied that this was inappropriate, frequent, and may be putting children at risk.
- It is true, TRAILS allows caseworkers to change response times from immediate, to within 3 days to within 5 days but only with supervisory approval. There may be good reasons for changing the response times.
- When actual TRAILS data were reviewed, they showed that this occurs in only **1.1% of the time** for all cases statewide. Thus, this does not represent a common child welfare practice or abuse of the system.

HOW FREQUENTLY ARE COUNTIES CHANGING RESPONSE TIMES AFTER THE INITIAL RESPONSE TIME DETERMINATION?

At the Governor’s Child Welfare Action Committee II’s July 15th meeting, anecdotal information was shared with the Committee that caseworkers changing response times are changing the response times after the initial response time determination in Trails. The implications are:

- Caseworkers are altering data to be in compliance with state rule.
- Caseworkers are placing the safety of children second to other priorities.
- This represents a widespread abuse of TRAILS (although no numbers were provided) by the county caseworkers.

We decided to not rely on anecdotal claims but to look at actual TRAILS data. We wanted to know if this practice was common, uncommon, or never occurred.

Here is how the system works. When dispositioning a referral in Trails, once a county staff marks a referral as being accepted for assessment and sets the response time, a supervisor must approve this disposition. This approval is what officially makes a referral become an assessment. After this approval occurs, **the response time window becomes read-only and can only be changed if there is a "referral override."** A report was pulled from TRAILS that shows how frequently the response time was changed after the initial supervisor approval to make a referral an assessment. In 2009, this happened only **1.1%** of the time for all child protection assessments state-wide, **which does not constitute a frequent practice.** The following table shows the results county-by-county, along with a state-wide total.

Table on Back

Child Protection Assessments with Response Time Change Summary

Counties	# of Assessments	# with Response Time Change	% with Response Time Change
Big 10	27,650	339	1.2%
Balance of State (54 small and medium sized counties)	6,230	27	.4%
State Totals	33,880	366	1.1%

Source: TRAILS data on all Child Protection Abuse Assessments Reported from 01/01/09 to 12/31/09.

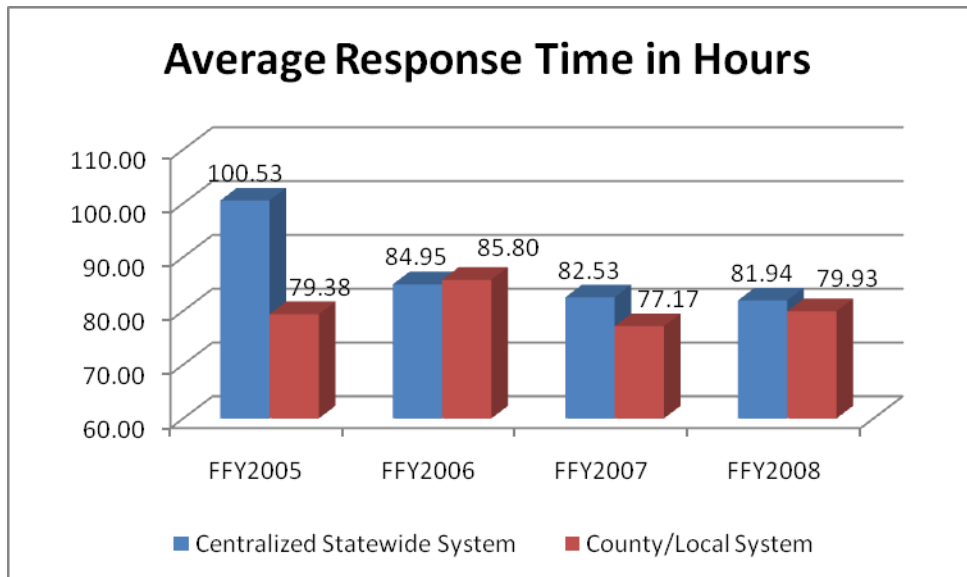
Conclusion: Statewide, response times are seldom changed by caseworkers and must be approved by a supervisor. There are defensible reasons why response times are changed, such as a supervisor may want a quicker response. There is no evidence that this is abused by county caseworkers or their supervisors.

- When referrals of suspected child maltreatment are received and an investigation is needed, it is important to respond as soon as possible.
- Average response times were lower for the county system states for 3 out of 4 years.
- An average difference of 2 hours can be important when responding (investigating) reports of suspected child maltreatment.

IS THERE A DIFFERENCE BETWEEN CALL-CENTER TYPES IN THE RESPONSE TIMES?

When referrals of suspected child maltreatment are received and an investigation is needed, it is important for caseworkers to respond as soon as possible. The following graph shows the time in hours between the initial report (referral) and the first contact by a caseworker with the child for centralized call center and county call center states. Only one hybrid state reported response times, and thus the hybrid system was not included.

The graph shows the average response time data for four years average response times were lower for the county local system states for 3 out of 4 years.



Source: Call center data from CDHS Document 41 accessed on line at: <http://www.cdhs.state.co.us/WorkingGroupStructureCallCenter.htm>. Average Response data from: “Child Maltreatment 2008,” a US Department of Health and Human Services Administration annual publication. Accessed on line at: <http://www.acf.hhs.gov/programs/cb/pubs/cm08/>.

Note: It should be noted that the data is not reported for every state.

- National data reveal that over this 5 year span, state centralized call center systems consistently reported higher fatality rates due to child maltreatment than county administered call center systems.

Child Welfare Fact Child Fatality Rates Due to Maltreatment by Type of Child Welfare Call Center Over Time CC 14

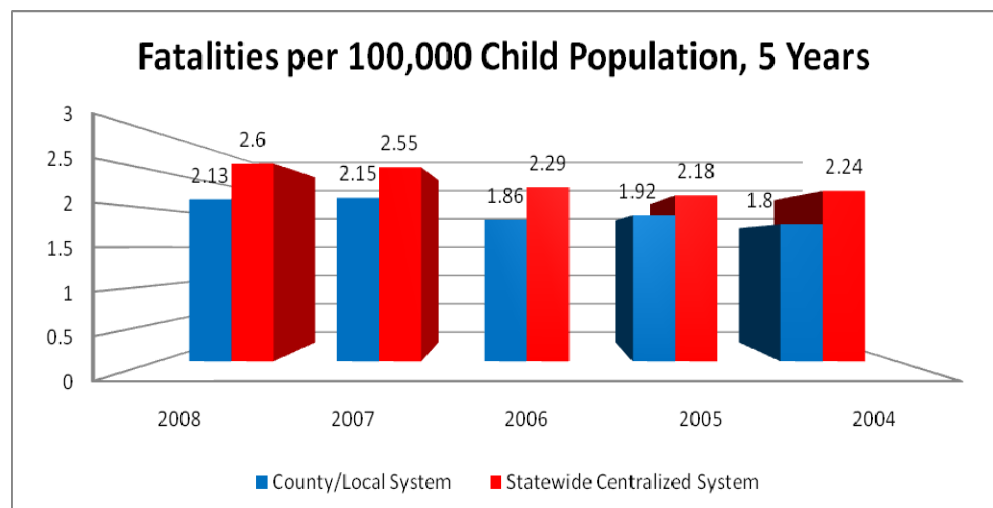
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DO CHILD FATALITY RATES DUE TO MALTREATMENT DIFFER OVER TIME BY TYPE OF CHILD WELFARE CALL CENTER ADMINISTRATION OVER TIME?

Child fatality rates due to maltreatment are slightly higher in state centralized call center states than in county administered call center states. This pattern persists over time. Five years worth of national child fatality data were reviewed using the types of call centers identified on the CDHS website. The data reveal that over a 5 year span, state centralized call center systems consistently reported higher fatality rates due to maltreatment than county administered call center systems.

Child Fatality Rates Due to Maltreatment per 100,000 Children by Type of Child Welfare Call Center Administration – 2008 to 2004



Sources: CWLA-The National Data Analysis System 2008 and 2007 are taken from the annual Child Maltreatment reports; 2004-06 are from: <http://www.cwla.org/ndas.htm>. Classification of county/local, statewide, and hybrid systems are from Document 41 from the CDHS website.

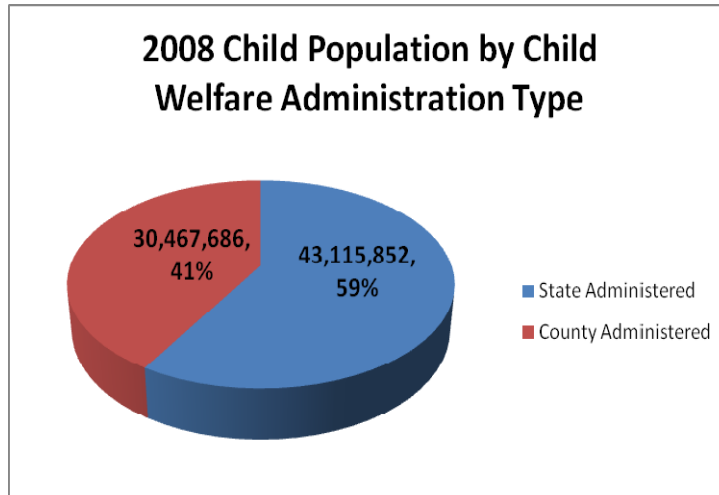
Note: Four states have systems that are so unique that they would not allow for comparisons. These states were New York, New Hampshire, Massachusetts, and Indiana. In addition to being a small number (4) of states, New York disproportionately drives any analysis because of its large population. These systems are neither consistently county/local or state centralized. Specially:

- 1 splits institutional and intrafamilial reports (Indiana).
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- 2 have centralized during the day and other agencies at night: a community children's advocacy center (MA) and law enforcement (NH).

- Nationally, there are 13 county-administered child welfare states that represent **41%** of the total child population served.

**COUNTY ADMINISTERED CHILD WELFARE SYSTEMS
SERVE 41%**

Comparison of the Number and Percent of Child Population in County or State Administered Child Welfare Systems – Age 0-18 Years Child Population- 2008



Source: U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2008* (Washington, DC: U.S. Government Printing Office, 2009).

Child Welfare Fact County vs. State Out-of-Home Placement Rates and Absence of Repeat Maltreatment ADM 2

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8-6-2010

OUT-OF-HOME PLACEMENT AND ABSENCE OF REPEAT MALTREATMENT RATES: COUNTY VS. STATE ADMINISTERED

State Administered States			County Administered States		
State	OOH Rate	Absence A/N Rate	State	OOH Rate	Absence A/N Rate
Alabama	9	98.1	California	11	92.6
Alaska	14	92.6	Colorado	11	95.7
Arizona	10	97.4	Georgia	9	95.3
Arkansas	10	95.3	Maryland	8	N/A
Connecticut	10	92.4	Minnesota	11	94.7
Delaware	8	98.4	Nevada	13	93.8
Florida	12	89.1	New York	8	86.3
Hawaii	14	97.3	North Carolina	7	95.6
Idaho	8	96.1	North Dakota	14	N/A
Illinois	6	92.7	Ohio	9	92.7
Indiana	11	92.3	Pennsylvania	11	97.8
Iowa	19	90.1	Virginia	5	98.0
Kansas	12	96.8	Wisconsin	9	93.9
Kentucky	12	93.0	Average	9.69	94.2
Louisiana	8	94.1			
Maine	10	93.7			
Massachusetts	11	88.0			
Michigan	11	94.8			
Mississippi	6	94.3			
Missouri	11	94.4			
Montana	14	94.6			
Nebraska	19	90.8			
New Hampshire	5	97.2			
New Jersey	8	93.9			
New Mexico	8	91.0			
Oklahoma	20	91.4			
Oregon	18	N/A			
Rhode Island	16	87.3			
South Carolina	7	97.4			
South Dakota	15	95.3			
Tennessee	9	91.7			
Texas	7	95.7			
Utah	5	93.5			
Vermont	14	94.8			
Washington	10	92.0			
West Virginia	16	88.7			
Wyoming	18	96.1			
Average	11.38	93.7			

- Data comparing state vs. county administered child welfare systems shows that state operated child welfare systems tend on average (**11.38** per 1,000 children) to remove children from their homes more often than county administered child welfare systems (**9.69** per 1,000 children).

- The national average was **10** out-of-home placements per 1,000 children.

- Although State administered systems removed children from home at a higher rate, County administered states show a higher performance on absence of repeat maltreatment – averaging **94.2%** compared to **93.7%** for the state administered states.

- Removing children from their homes has been determined by the federal government as well as private non-profit agencies to **not be a best practice for children or families.**

Source: Kids Count Data Center
 Children under age 18 in foster care at any time in the year (Rate per 1,000) – 2004/2006
 Child Maltreatment 2008 – repeat maltreatment rates 2006

Child Welfare Fact County vs. State Administration Child Fatality Rates Due to Maltreatment ADM 3

Colorado Counties Inc.

8-6-2010

- The number of child abuse and neglect related fatalities per 100,000 child population varies by state and by year, the difference between groups has remained consistent.
- On average over the 4 year span, county systems have lower child fatality rates than state administered systems and this pattern has been stable.

DO CHILD FATALITY RATES DUE TO MALTREATMENT DIFFER BETWEEN COUNTY AND STATE ADMINISTERED CHILD WELFARE SYSTEMS?

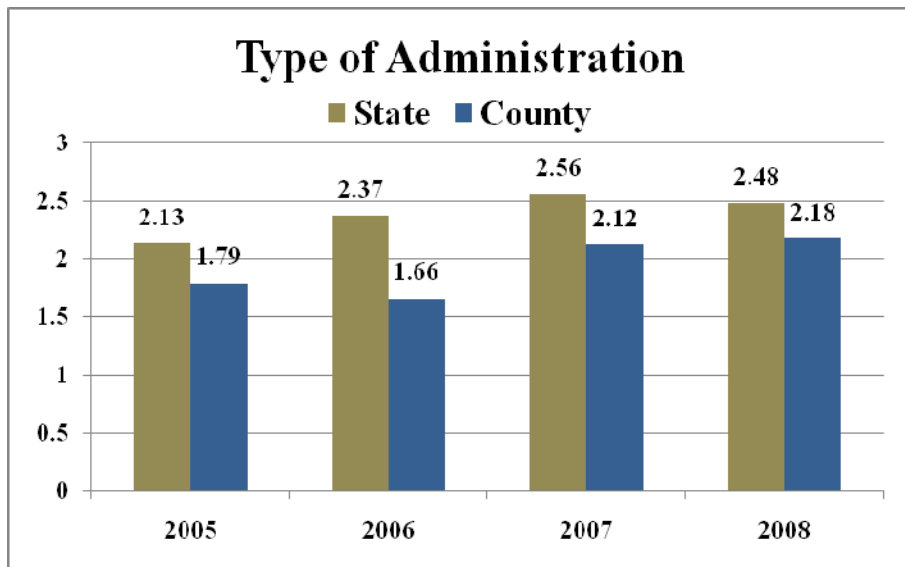
This table depicts the number of child abuse and neglect (CAN) fatalities per 100,000 children by each administration type for 4 consecutive years. The graph depicts the same data.

Child Abuse and Neglect (CAN) Fatalities per 100,000 Children By Type of Administration – 2005-2008

Type of Administration	2005	2006	2007	2008
State	2.13	2.37	2.56	2.48
County	1.79	1.66	2.12	2.18
Difference	0.34	0.71	0.44	0.30

Source: U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2008*. U.S. Department of Health and Human Services, Administration on Children, Youth and Families, *Child Maltreatment 2005*.

Child Abuse and Neglect (CAN) Fatalities per 100,000 Children By Type of Administration – 2005-2008



- The PSI report immediately assumes that the structure must change. It is an underlying premise or foundation for the report rather than a conclusion driven from any data.
- The PSI Report has research errors and does not use data to reach conclusions.
- The data compiled in the report such as the questions posed to county staff, state staff, commissioners and stakeholders was not compiled in a way to produce clear and concise findings.
- When the report does identify state deficiencies it fails to answer how moving to a state run system would fix the state deficiencies.
- The report throws the “baby out with the bathwater.” There are certain deficiencies that need to be addressed but does not support centralizing the entire structure.

A HISTORY OF CHILD WELFARE REVIEWS

Colorado has had a pattern of reviewing its child welfare system. Since 1994, there have been 16 various taskforces, workgroups, panels, commissions, audits, and other ad hoc groups that have reviewed and made recommendations for improving Colorado’s child welfare system. (Source: *Child Welfare Recommendations 1994-2008*) The *PSI Reports* are part of this long history of child welfare reviews.

There are a number of problems with the PSI reports involving its’ methods and conclusions. Some of the basic concerns are:

- **Survey data is used and did not receive a response rate worthy of analysis, yet conclusions were drawn.** Only 231 responses were received out of 2,000 plus child welfare workers in the state. Only 29 out of 217 County Commissioners responded.
- The report takes issue with county developed child welfare data systems and suggests that these systems are used to supplant the SACWIS systems. Further PSI analysis would have revealed that the counties use these systems to augment the existing TRAILS system and they fill voids in TRAILS, such as management reports. These county systems are designed to use information extracted from Trails to expedite the completion of internal county forms, automate county-specific business processes, and provide compliance "alerts" that notify staff of upcoming deadlines or required documentation. By leveraging information entered into Trails in a practical and usable format, these systems actually encourage the entry of data into Trails - not replace Trails data entry as suggested in the PSI report.
- PSI interview data show that the counties’ rankings in most, if not all, associated elements were more favorable than the State Division of Child Welfare. These statistics are shown in Figure 2.1 (Pp.14), Figure 2.4 (Pp. 16), and elsewhere. The question is then, why move even more county operations to the state?
- The report claims, “State Child Welfare Division (Division) as having only limited impact on county-level child welfare practice” (Pp. 1). This seems like a gross claim that insults not only the state but also the counties and their on-going partnership with the state.
- “County child welfare performance in Colorado is highly inconsistent” (Pp. 2). No data has been provided that would indicate that rural/urban is any more consistent in a “state-run” system or other organizational models.

Back

- The comparisons made between Colorado and several other states show that, “There is not a clear pattern of positive and negative features related to State child welfare structure” (Pp. 49). In addition, the statistical data reported (Appendix F) does not show any clear benefits to having a state run system. In fact, 3 of the 4 states reviewed have a significantly higher rate of child fatalities per 100,000 children than those of Colorado and an even higher rate than Minnesota, the only other county run program mentioned.
- Early in the report (Pp. 2) is the statement, “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.” The lack of leadership from the state and the shortcomings of the TRAILS system are mentioned throughout the report. There appears to be no connection made to reflect that lack of consistent guidance from the Division coupled with the shortcomings of the TRAILS system contributes to inconsistencies among the county offices.
- All of the practice recommendations contain ideas that are either in place now or should be in place with state leadership to ensure **consistency** within the county departments. **It seems contrary to hold the county departments accountable for consistency problems when they are incurring expenses to shore up the state’s shortcomings, such as the TRAILS system’s problems and allocation shortfalls.** Most of the recommendations could be implemented to improve the program without having to reorganize the entire Colorado system.
- PSI and American Humane’s conclusions on other state findings listed 3 summaries: 1) Different administrative structures have positive and negative features largely dependent upon implementation styles; 2) State child welfare program initiatives determine county practice and have provided worthwhile support and information; and 3) Every day practice is not affected by States initiatives very much and many State activities are seen as intrusive. The latter 2 findings are, at the very least, at odds with one another.
- Many of the questions posed in the study would require a complete understanding of the entire child welfare system, which is not practical for county staff who are trained to be specialists. For example, asking an on-going worker questions associated with the “hotline” would result in responses indicating that they are not familiar with the workings of the hotline. While PSI and American Humane find this a short coming of county offices, specialization has evolved as a best practice in most areas of human services fields. It should also be noted that there is no supporting documentation that would suggest that this specialization of processes is not also a state practice.
- The report (Pg. 53) makes proclamations that work to discredit existing county and state partnerships, such as, “The contentious nature of the state/county relationship in Colorado Child Welfare has been documented extensively... or “At the 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.” **These gross inferences fail to recognize the successful partnerships that exist between the state and counties.**
- This report does not appear to be a detailed finding of whether the child welfare system in Colorado should be reformed or how that reform would be accomplished based upon any statistically based set of facts surrounding existing processes. Rather the report is based on PSI and American Humane’s opinions of what is flawed with the current system and how a state ran system could possibly overcome some of those perceived flaws.

- National data reveal that over this 5 year span, state administered systems consistently reported higher fatality rates due to maltreatment than county administered or hybrid systems.

Child Welfare Fact

Child Fatality Rates Due to Maltreatment by Type of Child Welfare Administration Over Time ADM 5

Colorado Counties Inc.

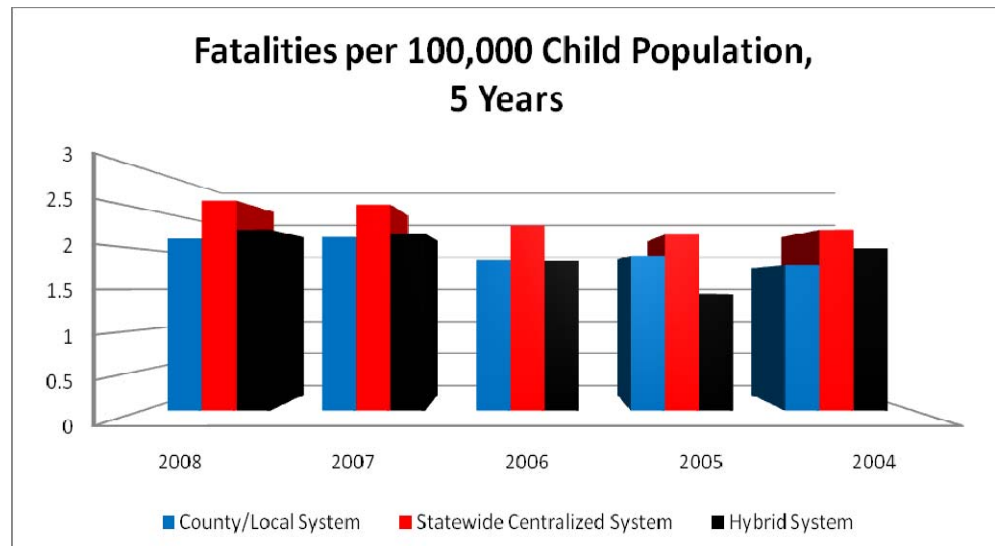
8-6-2010

DO CHILD FATALITY RATES DUE TO MALTREATMENT DIFFER OVER TIME BY TYPE OF CHILD WELFARE ADMINISTRATION OVER TIME?

Child fatality rates due to maltreatment are slightly higher in state administered child welfare systems. The question is, does this pattern persist over time? To answer this, 5 years worth of national child fatality data were reviewed and are shown in the following table. The data reveal that over this 5 year span, state administered systems consistently reported higher fatality rates due to maltreatment than county administered or hybrid systems.

Child Fatality Rates Due to Maltreatment Per 100,000 Children by Type of Child Welfare Administration – 2005 to 2004

Year	County	State	Hybrid
2008	2.13	2.6	2.24
2007	2.15	2.55	2.19
2006	1.86	2.29	1.85
2005	1.92	2.18	1.44
2004	1.8	2.24	2.01



Source: CWLA-The National Data Analysis System 2008 and 2007 are taken from the annual Child Maltreatment reports; 2004-06 are from: <http://www.cwla.org/ndas.htm>

- See Attached CCI Resolution
- It takes away **local control and harms customer services.** If State Administration should occur, it will add a bureaucratic layer and increase barriers to service, reduce community resources, and severely inhibit locally defined solutions to address community needs.

LOCAL SERVICE DELIVERY

Colorado has a long tradition of empowering local governments to provide key services, because they are most responsive to local citizens and have a better understanding of local needs. The notion of **“bigger government knows best”** runs contrary to welfare reform (devolution) and locally relevant solutions to families and children. Other points are:

- **CCI’s polices clearly support local control of service delivery.**
- Both large and small counties are concerned that a state takeover of all social services will disrupt important local partnerships that are vital to ensuring local needs are met in a cost-effective, timely and beneficial manner. Commissioners and service providers in rural communities believe that regionalizing social services will impose a hardship on rural Coloradans by forcing them to travel much longer distances to receive needed services.
- Recommendation 29 will likely result in **loss of locally relevant solutions** for children and their families, increased costs, decreased customer service, and damage to effective, local service delivery systems.
- It takes away **local control** and harms customer services. If State Administration should occur, it will add a bureaucratic layer and increase barriers to service, reduce community resources, and severely inhibit locally defined solutions to address community needs.
- One large metro county was able to identify at least **451 contractors or collaborative** agencies/agency relationships that partner with human services.
- **32 counties** have House Bill 1451 collaboratives which involve multiple agency partners.
- Recommendation 29 **fractures the crucial State-County partnership** and therefore it undermines the safety, permanency and well being of children state wide.

- Numerous efforts have and are being made to protect Colorado's children.

WHAT IS BEING DONE TO PROTECT CHILDREN?

Everyday county departments, foster parents, providers, state, and the courts take actions to protect children. Some of the major recent actions taken by the counties and partner agencies are:

- The state and counties are jointly working on the Colorado Practice Initiative which is a model that implements **best practices across the state**.
- A group of counties developed a county and state **child welfare scorecard** to monitor CFSR and other key outcome and process measures. The counties shared this with the state and voted to make it available to all counties.
- The counties and state have started to **implement most of the recommendations presented in the First Governor's Child Welfare Action Committee Report**, most importantly the Child Welfare Training Academy.
- The number of **House Bill 1451** child welfare collaboratives increased in 2009, suggesting that more regions and counties are working together to meet the needs of Colorado's children.
- State reviews of county departments' **screening of reports of suspected child maltreatment have shown improvement** over the years, suggesting **consistent** processing across the counties.
- **Out-of-Home placements rates in Colorado have declined** which is in line with national trends for best practice.
- A group of Colorado counties have agreed to participate in a legislative pilot of **differential response**. Differential response is a best practice model that gives local agencies and families flexibility regarding how to respond to child protection issues.
- Several counties have developed model programs, such as Jefferson and Arapahoe counties' foster care recruitment and retention program. Counties have participated in model court projects across the state that involve the judicial and other departments. Adams County has worked with the Casey Foundation on permanency. Larimer County has worked on the Hampton Model.

- **More efficient and responsive service systems** for children, youth and families via local collaborative partnerships lead to increased access, flexibility and decreased cost shifting and wastefulness between systems.
- HB 1451 Collaborative Management Program is an **optional program for individual county or groups of counties.**
- Currently, **32 counties participate in HB 1451 with one county participating in a like legislatively supported program, Integrated Care Management.**
- **4 counties** act regionally and **2** conduct joint oversight committee meetings.

COLLABORATIVE MANAGEMENT PROGRAM - 24-1.9, CRS - HB 1451

The Collaborative Management Program is the voluntary development of multi-agency services provided to children and families by county departments of human / **social services** and other mandatory agencies including local **judicial districts (including probation)**, the **local health department**, the local **school district(s)**, each community **mental health center**, **Division of Youth Corrections**, and each **Mental Health Assessment and Service Agency (BHO)**. Other parties including parent or family advocacy organizations and other state, local, and community agencies are encouraged to participate, such as domestic violence and community centered boards.

Local collaboratives may request waivers of rules, can receive **earned incentive money** for meeting identified outcomes, and can **reinvest** any general fund savings into additional services to children and families that would benefit from multi-agency services. Performance based incentive money is available according to a formula approved by the State Board of Human Services. The incentive money is distributed within the counties according to a procedure approved by the local county Interagency Oversight Group.

Collaborative Management Programs (CMPs) use the agency input, expertise and participation of parent or family advocacy organization to:

- Reduce duplication and eliminate fragmentation of services provided
- Increase the quality, appropriateness and effectiveness of services provided
- Encourage cost-sharing among service providers
- Lead to better outcomes and cost reduction for services provided to children and families

Basic Requirements of Participating Agencies

- Representation on Interagency Oversight Group (Quarterly Policy Making Sessions by Directors)
- Participation in Collaborative Workgroup(s)

Back

- Identification of Services, Staff, and Resources, and specifically Financial and In-Kind
- A MOU is required that must include the following:
 - A definition of target population to be served;
 - Services and funding sources;
 - The creation of an Interagency Oversight Group;
 - The development of Individualized Service and Support Teams;
 - The development of collaborative management processes;
 - Clear authorization to contribute resources and funding;
 - Description of the process to reinvest moneys saved;
 - Performance based measures; and,
 - A confidentiality compliance section.

Outcomes

Performance based measures are required to be developed and met in each of these four areas in order to be eligible for earned incentive money:

- Child Welfare (Child and Family Service Review related)
- Juvenile Justice System
- Education
- Health/Mental Health/Other Health including ADAD services

Financial Facts

How Does the Growth of Child Welfare Allocations Compare to Total Children Served? F 1

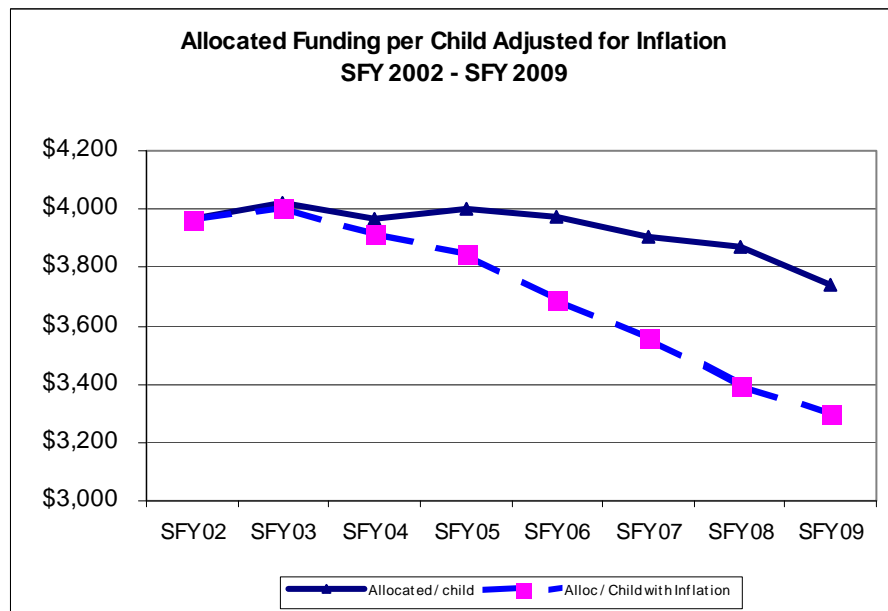
Colorado Counties Inc.

8-10-2010

- The number of **children served grew** from 2002 to 2009 by **31.4%**.
- Child welfare **allocations grew** from 2002 to 2009 by **23.7%**.
- The amount of **funding per child served dropped by 5.8%** from 2002 to 2009, and **16.8% when considering inflation**. In other words, child welfare purchasing power has not kept pace with the number of children served by child welfare.
- Colorado counties, similar to other states, have safely served more children with lower purchasing power through strategies, such as reducing out-of-home placements. Reducing out-of-home placements is a federal goal and best practice.

HOW DOES THE GROWTH OF CHILD WELFARE ALLOCATIONS COMPARE TO TOTAL CHILDREN SERVED?

From State Fiscal Year 2002 to 2009, the Child Welfare allocations grew by **23.7%**. When adjusted for inflation, as measured by the Consumer Price Index, the growth was only **9.3%**. At the same time, the number of children being served through the Child Welfare System, as measured through State Trails data, increased by **31.4%**. As a consequence, the allocated funding per child fell by **5.8%**, and the purchasing power per child, as defined by the county allocations adjusted for inflation, fell by **16.8%**, from **\$3,970** per child to **\$3,301** per child.



Sources: * Trails data.

** Child Welfare Allocations

Source: County prepared spreadsheet on total child welfare allocations and consumer price index for the Denver – Boulder – Greeley area.

Note: *Total children served represents unduplicated count of children in new assessments and open cases (including subsidized adoption cases).

- Regionalizing or taking over county departments will involve many decisions regarding county assets and programs. Some of these include:
- County buildings and shared facilities
- County leases
- County fleets
- County equipment
- Planned county building projects related to human services
- Audits
- 100% county funded FTE
- Procurement and Contracting
- Funding for county general assistance programs

UNADDRESSED ISSUES: STATE FINANCIAL COSTS AND CONSIDERATIONS

The State will need to cover some additional costs should the decision be made to move to a state administered system. Some questions are:

1. Historically, the state compensates its staff higher than counties, so an increase in state costs should be anticipated. How will this expected increase be covered?
2. There are indirect costs for which the counties are reimbursed through the cost allocation plans at about 34 cents on the dollar that would also add to the State deficit for those counties becoming SROs.
3. The state will need to hire Regional Directors for SROs, as well as regional staff. How will these staff be paid for in light of a projected **\$1 billion or more state dollar shortfall** for State Fiscal Year 2010-2011?
4. How will **county properties be secured/leased by the state**? Currently, the state pays for leased space in many counties. There may be situations where the county chooses to sell its buildings rather than lease them to the state.
 - Some county human service agencies share facilities with other county agencies; will these be pro-rated? The state would need to either purchase the property or obtain other real estate for SRO and “satellite” offices. What would happen if the state does not lease or purchase the county building?
 - Some offices (facilities) are multiple-use and require some negotiation between the state and counties regarding their use and costs.
5. With the dissolution of the county merit system, counties need to recruit, fill, terminate and otherwise manage county FTE. If the state assumes direct responsibility for previous county FTE, it will need to find some way of processing the new state FTE. The question will be does the state intend on **re-establishing the previous merit system** or does it have plans for an alternative? Does state personnel have the capacity to recruit, hire, train, and support potentially thousands of staff across the state?

Back

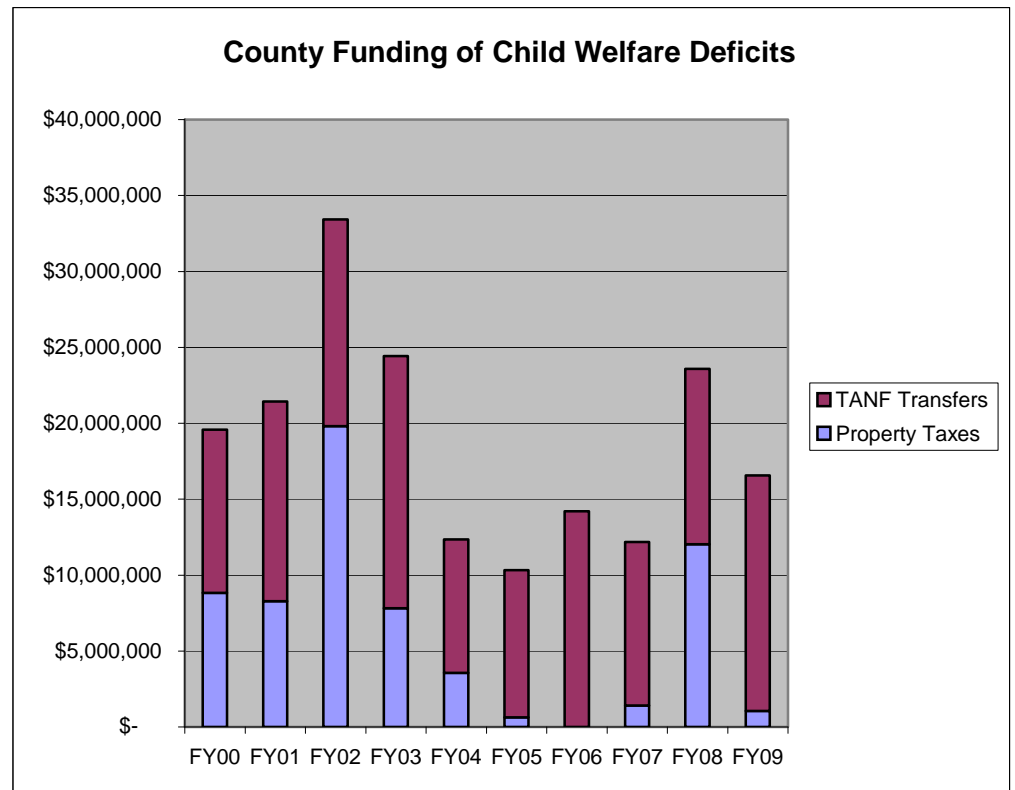
6. Will the state audit its own regional offices and if it does, how many additional internal state audit staff will be needed?
7. If SRO counties/regions exceed their allocations, how will the state fund these over expenditures? Will the state have a set aside (mitigation pool) or request supplemental?
8. If SRO counties do not exceed their allocations and surpluses result, will these funds be directed to county administered counties?
9. CDHS, the State Controller's Office, state procurement, and the Attorney General's Office will need to assume responsibility for procurement processes currently provided within county structures. The questions are how much new state capacity will be required and how will the state pay for these increased functions?
10. For leased county facilities, the state would need to enter into lease or purchase agreements with property owners throughout those state administered counties. This will **require increased state capacity and resources for property acquisition and management.**
11. County employees would need to be converted to the state merit system, which would involve a cost to the state.
12. County employees would be paid with state and federal funds, without county funds.
13. How will the state address the **inventory of capital assets** that were purchased with a mixture of federal, state, and local funds. Will the state assume full ownership? **If so, will the state reimburse the counties for 20% of the asset's value?**
14. How will the **additional travel costs** associated with regionalization be funded? More travel funds will be required if county offices are consolidated. For example, if child protection investigators are regionalized, they will need to travel greater distances to investigate or visit children. Where will these additional travel funds come from?
15. Some counties provide general assistance to clients using 100% county general funds. If the state takes over these counties, does the state plan to request a new line item (cost) for general assistance or will this program simply be eliminated?
16. Counties have a variety of ways they manage their **fleets**. Some counties own vehicles and others lease them. How will county fleets transition to the state?
17. Although the counties rely on state computer systems, many records, files, and documents may physically need to be moved to different (regional or state?) locations. There will be a cost involved with moving these records and storing them that will need to be considered by the state.

- Legislation passed in 1997 shifted all of the risk to the counties to manage their child welfare block grants. The counties were given the flexibility of how to use the block grant funds, but the State sets all of the rules.
- The number of counties relying on TANF or local mill levy sources is not limited to one or two large counties. In SFY 2009, nine counties needed to rely on one or both sources to cover funding shortfalls.
- Under a state administered system, all risk will be shifted from the counties to the state. To offset the loss of county funds, the state will either need to increase the amount of state general funds, increase reliance on an already over-extended TANF block grant, or implement efficiencies to offset the loss. If the latter option is the only viable one, how will those efficiencies affect service delivery?

COUNTIES SUBSIDIZE CHILD WELFARE WITH LOCAL FUNDS

Counties are required to raise local property taxes to match the state and federal funds allocated for Child Welfare Services. Over the past decade, from SFY 2000 through SFY 2009, the funding allocated to counties for Child Welfare has fallen significantly short of what the counties were required to spend. Over this timeframe, the counties collectively have had to subsidize the state and federal funding made available to them by more than **\$188 million**. Of that amount, counties transferred, **\$124.6 million** from their TANF block grants and spent **\$63.5 million** in additional property taxes beyond the local match requirement. It should be noted that **TANF reserves are shrinking** and will not be available for transfers to child welfare.

The graph below indicates that deficits were experienced in each year, and in no year, was the amount less than **\$10 million**.



Source: CDHS Fiscal Year-end Closeout workbooks for SFY 2000 through SFY 2009.

- If county departments of human services are restructured in a way that requires county staff to be state employees a number of **human resource and financial issues will need to be addressed** such as employee:

- *Recruitment*
- *Retention*
- *Benefits and Compensation*
- *Differing Salary (pay scales) structures*
- *Retirement (PERA)*
- *Potential layoffs*
- *Bumping rights and corresponding legal actions*
- *Legal fees*
- *Increased unemployment benefits*
- *Leave time computation*
- *Holiday and leave standardization*

UNANSWERED RECOMMENDATION 29 ISSUES: HUMAN RESOURCES

A number of questions arise as to how county human services FTE will be transitioned to state administered FTE. Some but not all of the basic questions are:

1. How will the state fill positions in **State Regional Offices**? Will it simply convert existing county staff to state staff? Or, will it layoff existing county staff and hire them back as state regional FTE?
2. Will hiring for new state positions be a competitive employment process? If so, how will functions be covered until positions are filled?
3. Assuming that many of the current county staff will be needed within the state administered regions, how does the state plan to address **employee benefit plans**?
 - a. How will employee retirement benefits be financially handled?
 - b. Would employees lose their **seniority and accumulated retirement** and start over in state personnel?
 - c. Would the state buy them out or convert them to PERA?
 - d. If PERA is the option, would retirement plans roll over into PERA?
 - e. Will the state pay for the **employees' share of PERA** on the basis of years of service or will new staff simply start over at the bottom and retain their county employee benefits at time of transition?
 - f. If the state does a buy into PERA, **where will the additional state contribution (match) funds come from?**
4. Depending on how #1 is handled, how will employee **bumping rights** be addressed by the state? If there are layoffs, the state will need to manage the different bumping and layoff policies of the counties that are regionalized.
 - a. How will the legal costs for attorneys be covered? Typically bumping rights and their implementation are human resources and legal resources intensive.
 - b. How will seniority and bumping rights work for counties within a region? For example, could a senior employee in one county bump another employee in another regionalized county?

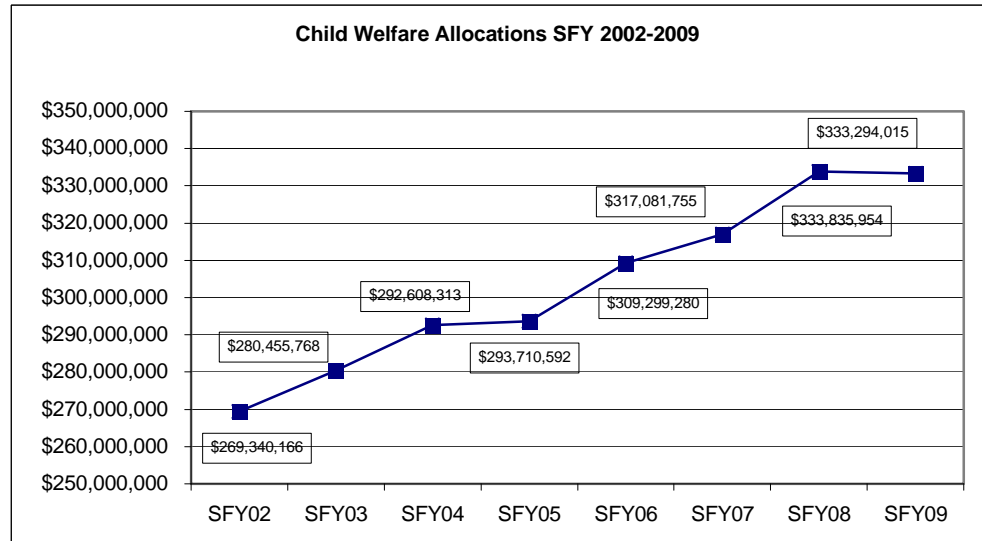
Back

5. How will the state handle county FTE who chose not to work for the state? Who will pay for **unemployment benefits** for those FTE not hired or maintained by the state?
6. How will **leave time** (administrative, sick, annual, etc.) be handled or paid out for county employees? Will the state cover the costs of **termination payouts for unused leave**?
7. Will the state offer **severance pay** to un-retained county FTE?
8. Without existing **caseload or workload standards**, how would the state determine appropriate levels of staffing in each region? The Child Welfare Action Committee has assumed that consistency across the state is desirable. A workload standard across the state would need to be implemented.
9. Because some county employees are currently eligible for public assistance, how will the state cover the **new enrollments** should staff chose to apply for public assistance and unemployment benefits? For example, laid off county employees might be entitled to unemployment claims. If they are laid off, some will qualify for food assistance, TANF, Medicaid, and other programs. How will these increases to the public assistance rolls be paid for? Will the state seek a supplemental appropriation to cover anticipated increases in state shares?
10. Given that counties have **different pay scales and benefits packages**, how will the state handle these differences?
 - a. Will it standardize salaries and benefits to the average or lowest or highest denominator?
 - b. The state might have to conduct a market study to appropriately adjust pay scales. This would require state resources/funds.
11. Some counties use **pay for performance to compensate staff**. How will the state adjust for this since the state does not have a pay for performance system nor has it been funded?
12. Some counties use salary surveys to calculate competitive wages for their staffs. Competitive wages differ across regions in the state. If county employees become state employees, how will the state determine fair or competitive wages? If the state uses its own salary survey, it will need to be expanded to capture the different job categories found in county departments.
13. The **retention and recruitment of county staff** can be challenging. If the state takes over some counties, how does the state plan to recruit and retain staff? In the past under the state merit system, lists of potential hires were developed at a central state location. This system (merit) proved **burdensome and untimely**. Lists were often out-of-date or applicants refused to move to some areas of the state. What will the state do to address this on-going issue?

- Total child welfare allocations have grown by **\$64 million** between SFY 2002 and 2009.
- When adjusted for inflation, based on the Consumer Price Index, the child welfare allocations' purchasing power has only grown by **\$24.9 million**.
- When controlling for inflation, the child welfare allocations' purchasing power have increased by only **1.3%** per year.
- The amount allocated to counties for Child Welfare for State Fiscal Year 2009-10 was **reduced by \$3.2 million**.

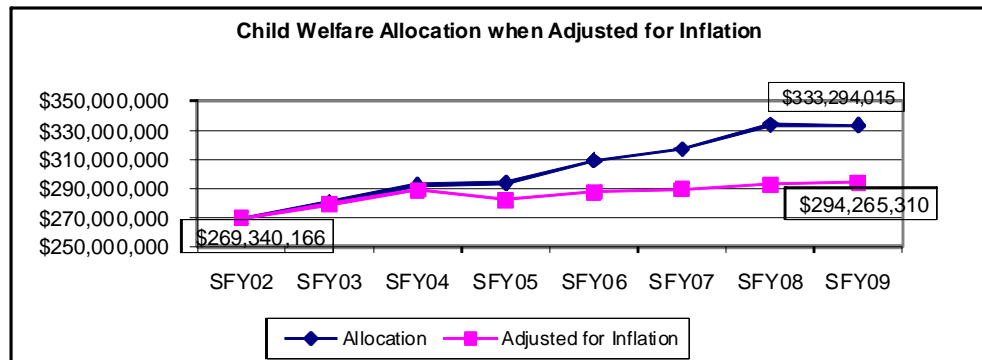
HAVE FINANCIAL RESOURCES (ALLOCATIONS) KEPT STRIDE WITH CHILD WELFARE NEEDS?

In State Fiscal Year 2002, counties were allocated **\$269.4 million** for Child Welfare Services. By State Fiscal Year 2009, the allocations had increased to **\$333.3 million**, representing a **23.7%** gain or about a **\$64.0 million increase**.



Child Welfare Allocations in Actual and Adjusted for Inflation for State Fiscal Year 2002 through 2009

The actual purchasing power of the funds allocated to counties was impacted by inflation. While the amount allocated to counties increased by **\$64 million**, the purchasing power of the allocations, adjusted for inflation, increased by only **\$24.9 million**, or an average of **1.3%** per year.



Source: CDHS fiscal year-end closeout documents; Agency Letters; USDOL Consumer Price Index statistics for Denver-Boulder-Greeley.

- Over **5,811** county staff provide human services in Colorado.
- At least **4,354** (75%) county employees provide human services in the “Big 11” counties with **1,457** (25%) working in the balance of state (medium to smaller) counties.
- Over **2,053** county staff are directly involved in child welfare services.
- Over **2,215** county staff directly provide public assistance services in Colorado.
- If counties were to partially or fully opt out of human services, the impact on state FTE would be substantial and would require more state General Fund dollars at a time that state furloughs and budget issues already occur.
- These county staff represent a major economic impact on local economies and businesses.

HOW MANY COUNTY HUMAN SERVICE FTE ARE THERE?

With the elimination of the state merit system, which processed county FTE, it has been years since anyone has counted the number of county FTE involved with human services. A county financial workgroup conducted a survey of counties to determine how many county FTE are involved in the delivery of human services. This Table shows the reported number of FTEs for 59 counties.

The Table indicates that at least **4,354 FTE or 75%** of the county social service FTE work in the large 11 counties. For the balance of state counties (medium and small), at least **1,457 FTE or 25%** of the total county FTE work in social services. Under recommendation 29, a minimum of **1,457 FTE** would need to be state FTE for the balance of state counties. This number would increase if larger counties decide to opt out of providing services.

Table – Survey Reported County FTE Counts*

A County Group	B Child Welfare FTE	C Public Assistance FTE	D Other County Social Services FTE (Support Staff, etc.)	E** County Indirect FTE (Attorneys, HR, Payroll, Etc.)	F Total County Human Services FTE
Big 11 Counties FTE	1,654	1,677	691	331	4,354 (75%)
Balance of State Counties FTE Reporting	398	538	294	227	1,457 (25%)
Total County FTE	2,053	2,215	985	558	5,811 (100%)

***Note:** Alamosa, Chaffee, Conejos, Costilla, and Custer counties did not report and thus their additional FTE counts are not included in these figures. Had they reported, the totals would increase.

****Note:** Columns D and E are what was reported but are likely less dependable FTE counts.

Source: Survey of County Departments of Social/Human Services conducted in November, 2009.

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- Recommendation 29 for a hybrid county and regional system of service delivery did not address important questions regarding how such a transition would occur.
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UNADDRESSED ISSUES IN RECOMMENDATION 29

In addition to financing and service delivery, there are a number of transitional issues that would need to be addressed prior to the state implementing the hybrid system proposed under Recommendation Number 29. The way in which the issues are addressed can have a profound affect on county and/or state finances, county employees, and recipients of human services. The table below highlights just a few of the many questions.

Financial Issues:

- How will funds be fairly allocated between self-administered counties and stated administered regions? How will the state address over-expenditures at the regional level, as will likely happen from time to time, given the inaccuracy of the allocations, and the inadequacy of funding?
- What happens to each county's TANF reserves when they convert to a region? How will TANF transfers to Child Care and Child Welfare be addressed in regional structures?
- How will the distribution of unspent funds occur at year-end?
- How will the state build the capacity needed to assume the additional contracting, purchasing and human resources burden associated with administering the regions?
- How will county properties be secured/leased by the state? How will the state compensate counties for Human Services buildings that are currently being financed through long-term debt, with the primary funding source to the county currently originating from state and federal reimbursements?
- Who will assume ownership of county purchased assets?

Service Delivery Issues:

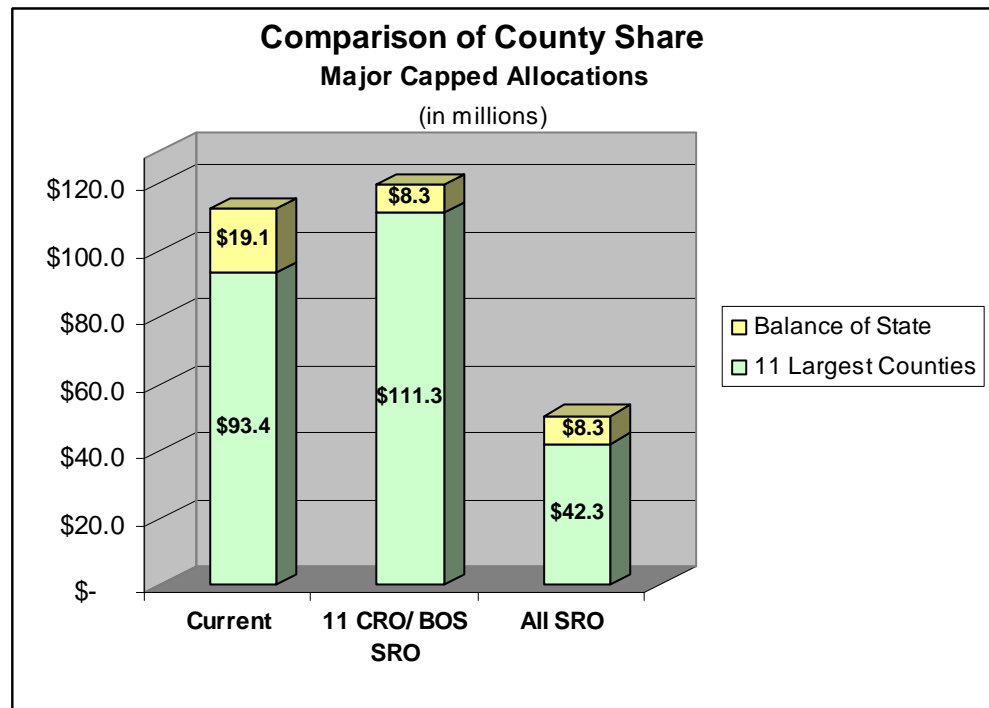
- How will guardianships and child custody orders be transferred from the counties to the state?
- How will regions be audited? Who will be held accountable for findings and disallowed costs?
- Who will administer General Assistance in those counties where it currently is offered?
- How will community agencies, which are key partners in the delivery of human services, be selected and retained?
- How will relationships between regions and county workforce development boards be established?

- The proposal of a **5%** county share for counties changing to State Regional Offices (SRO) is understated as it only considers programs that currently have a **20%** match. If *all* programs are considered, the estimate of **true county match for SRO counties is about 10.5%**.
- **There is no guarantee that county share would not be increased in the future.**
- Counties would be required to subsidize what would become state programs and would surrender local budgetary control.
- Counties may contribute local funds in various ways in addition to the required match, which includes covering program expenditures in excess of the allocation. Recommendation 29 does not specify how such over expenditures would be handled in a CRO/SRO hybrid.
- The county commitment to families and children is witnessed by these numbers. It is unrealistic to think that the state is in a position to continue this effort.

COUNTY SHARE: HOW IT IS CURRENTLY MET AND HOW WILL IT BE MET ACCORDING TO RECOMMENDATION 29?

In SFY10, counties will contribute **\$112.5 million** of local matching funds for the five major capped allocations and the 11 (Big 10 plus Douglas) largest counties will pay **83%** of the total. If the 11 largest counties elect to become CROs, their share of the total will increase by **\$17.9 million** and they will pay **93%** of the total - a major cost shift. More importantly, if all counties become SROs, the state would lose **\$61.9 million** that counties currently contribute to the programs. How will the state cover the shortfall?

The chart below compares county share for the five major capped allocations under the current structure and two scenarios under Recommendation 29. For Balance of State (BOS) counties and for large counties that elect to become State Regional Offices (SRO), county share would decrease from 20% to 5% for programs that currently have a 20% match. County share would increase from 20% to 25% for large counties that elect to become County Regional Offices (CRO). Programs that do not have a 20% county share are not considered in the proposal and are assumed to remain unchanged.



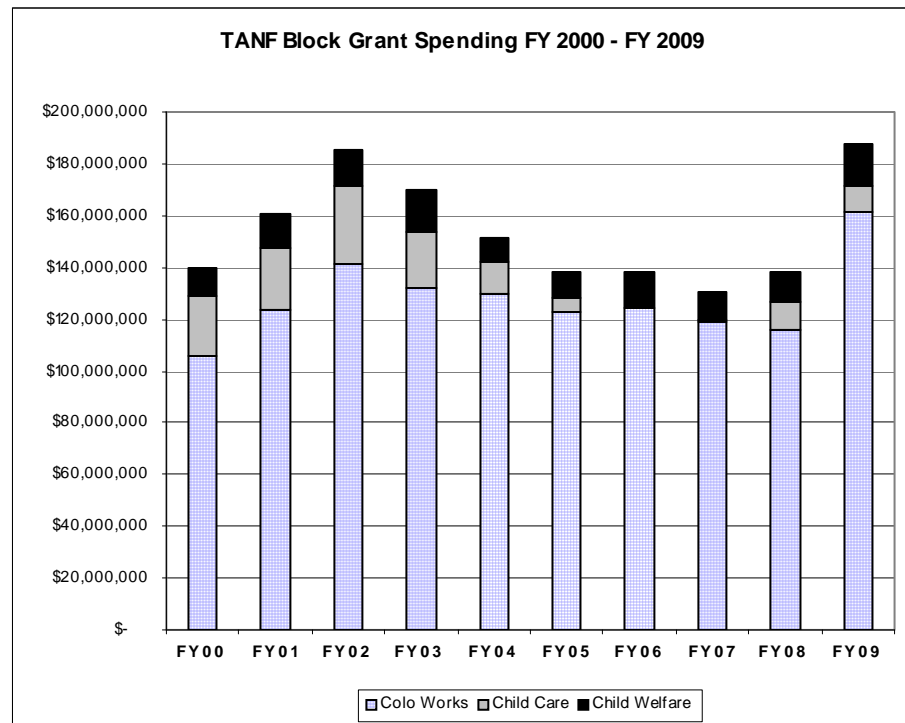
Note: The five major capped allocations considered in the chart above are: Child Welfare, Core, Child Care, Colorado Works, and Administration. Non-80/20 programs: Colorado Works (14.72%); Child Care Direct (12.15%); Child Support Enforcement (34%). CSE is not considered in the chart above as it is not an allocated program.

- In Fiscal Year 2009, the counties expended \$161 million on Colorado Works, more than in any other year this past decade. This increased spending was, in part, in response to legislative changes that compelled counties to spend down reserve balances or risk having them revert to the state.
- Based on spending through April 2010, the counties in the current year will expend **\$165.9** million in Colorado Works, and without having the benefit of the large reserve balances.
- The State Colorado Works staff is projecting that caseloads will remain high for at least the next two years, resulting in continuing depletion of TANF Reserves.
- In the face of needing to make difficult decision, local input is more critical than ever.

HOW WILL THE COLORADO WORKS/TANF PROGRAM BE AFFECTED BY RECOMMENDATION NO. 29?

Through the creation of the Colorado Works Program, Colorado was one of the leaders in the country in its devolution of the TANF program to allow for customized solutions to be developed at the county level. To date, that arrangement has served the state well, as evidenced by the state repeatedly meeting the work participation rate and as a result, having its federally mandated Maintenance of Effort spending requirements lowered.

Counties have developed programs unique to their local philosophy, priorities and approaches, all of which have evolved through extensive involvement of community input and well-developed collaborations with networks of non-profit organizations. How will the existing collaborative efforts be impacted, if the Colorado Works Program is transitioned to a regionalized delivery system? Will the state tailor solutions to specific county needs, and if so, how will those be determined? To what extent will TANF funds be used to augment Child Care and cover under-funding in Child Welfare?



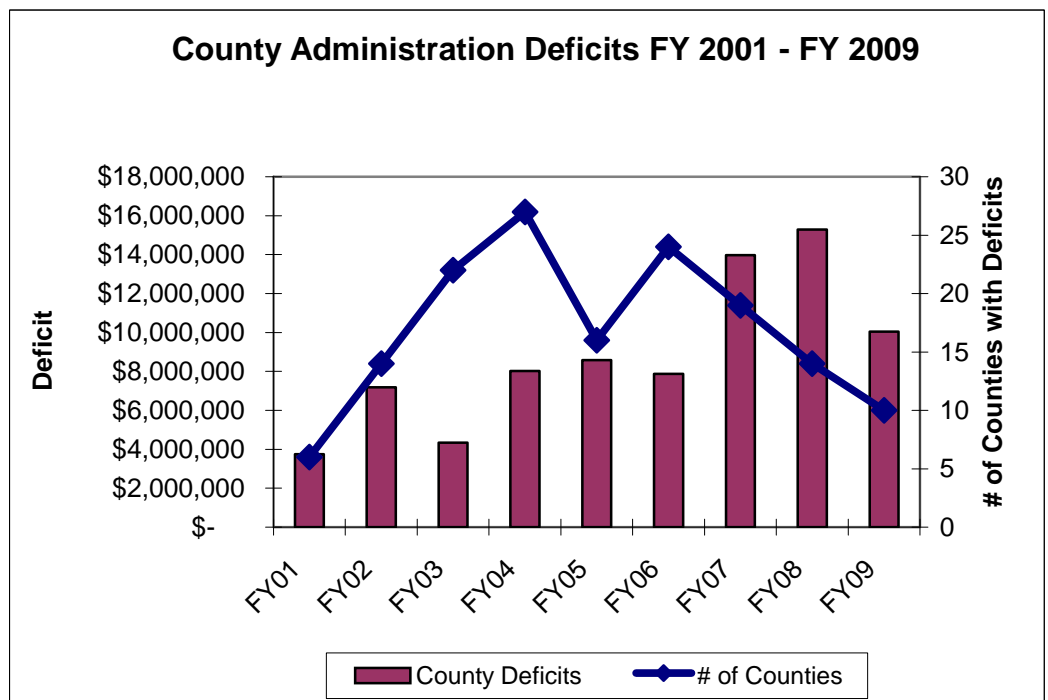
Source: CDHS Fiscal Year-end Closeout workbooks.

- In the Spring of 2007, a workload study, commissioned by the state, determined that the appropriate level of funding needed for County Administration was **\$85.2 million**.
- Two years after the study was completed, in FY 2009-10, counties were allocated a total of **\$82.1 million** for County Administration and Fraud Investigation and Collection activities.
- Between December 2007 and April 2010, Food Stamps participation in Colorado increased by 61%, and Medicaid & CHP+ enrollment increased by **31%**.
- By the state's own commissioned study, the counties are under funded when compared to 2007 caseloads, and are providing eligibility services to **289,000** more food stamps and Medicaid/CHP+ clients than were receiving assistance in December 2007.

HOW WILL MEDICAID AND FOOD STAMPS ADMINISTRATION BE AFFECTED BY RECOMMENDATION NO. 29?

Counties are allocated state funding for a collective of efforts involving Food Stamps and Medicaid eligibility, Adult Financial Assistance and Adult Protection, under one block grant titled County Administration. The increase in the allocations has historically not kept pace with the increase in the caseload and inflation. The allocations have been overspent in each of the last nine years by a cumulative total of **\$79 million**. Counties are required to contribute twenty percent of the total cost of these programs to match the state and federal dollars; when counties overspend their allocations, their share increases from twenty percent to as much as **67** percent.

Counties are struggling with the demands of historically high caseloads and a pattern of under funding at the state level. Without the additional funding that counties have contributed to County Administration, how much further will timely service provision degrade?



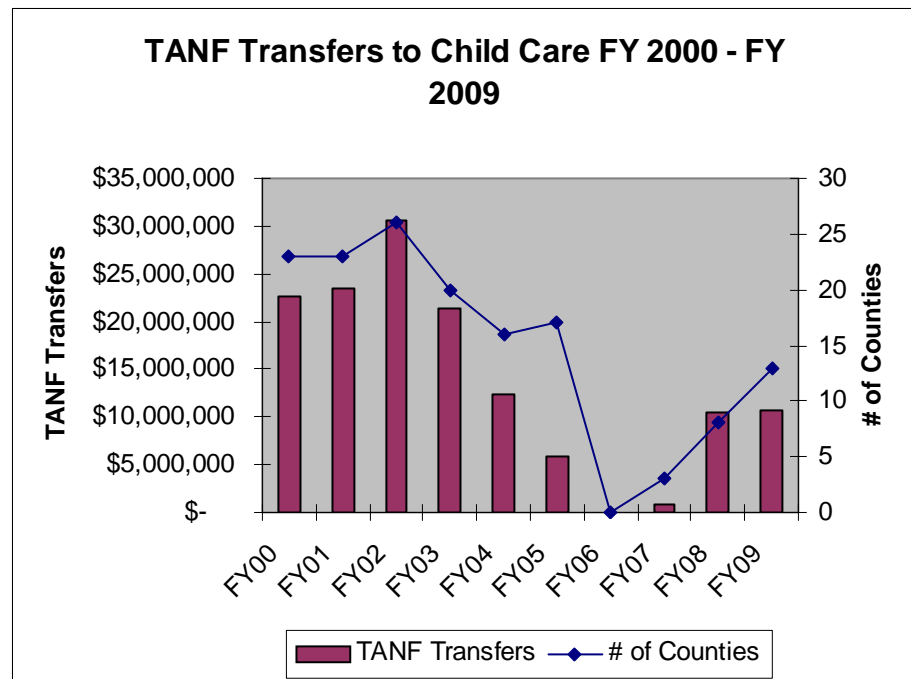
Source: CDHS Fiscal Year-end Closeout workbooks.

- Based on patterns through April 2010, counties will spend **\$21.9 million** beyond the amount allocated for the Child Care Assistance Program.
- In this current fiscal year, **38 counties are spending at rates greater than their allocations.**
- Counties have the option of implementing waiting lists to control their Child Care spending, based on local prioritizing of their use of TANF funds.
- Counties have the ability to tailor program design to support local values (e.g. rate structures that favor quality programs, or ones that better support exempt providers). How will local values be addressed within a regionalized system?

HOW WILL THE CHILD CARE ASSISTANCE PROGRAM BE AFFECTED BY RECOMMENDATION NO. 29?

Under the Colorado Revised Statutes and current state rule, counties receive annual block grants through which they provide child care assistance to eligible families. The counties are required to provide local level funding (maintenance of effort) in an amount determined by the State. Counties have wide discretion in how they meet the needs of their county; counties establish rate policies, eligibility levels, and thresholds for use of TANF funds to augment the block grants, a practice used regularly by a number of counties.

Under a regionalized or state-administered program, how will county input be solicited and weighed? Will the state dictate rate policies and/or eligibility threshold that would result in fewer children receiving assistance in counties that have adopted policies that provide a greater level of access? For counties that are joined with others in a defined region, how will their maintenance of effort local funding level be determined? What will the State’s policy be, regarding the use of TANF funds in augmenting the Child Care Block Grants awarded to regions, or state run counties?



Source: CDHS Fiscal Year-end Closeout workbooks.

- The current economic downturn has contributed to historic growth in public assistance caseloads. For example, the Colorado Works Caseload has increased by **49.2%**, CCCAP has increased by **11.4%**, Food Assistance has increased by **62.4%**, and Medicaid has increased by **28.4%**.
- Counties must adhere to Federal and State rules and regulations when determining eligibility for these programs.
- The State has not responded to caseload growth with additional administrative funding outside the Federal stimulus funds.

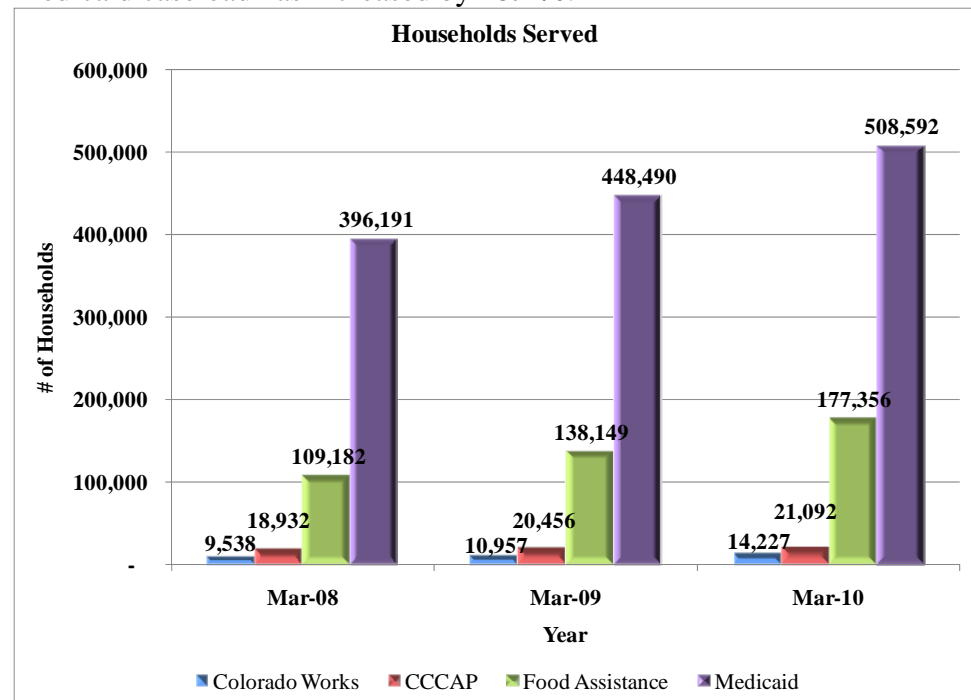
COUNTY RESPONSIBILITIES

Colorado Counties are responsible for receiving and processing applications and determining eligibility for the following public financial assistance programs: Colorado Works (Temporary Assistance for Needy Families or TANF), Food Assistance, Adult Financial Assistance, Adult Medical Assistance, Family and Children’s Medical Assistance, Child Support Enforcement, and Colorado Child Care Assistance Program.

Counties follow Federal and State rules and regulations to determine an applicant’s eligibility for assistance, as well as follow varying mandated processing timeframes and documentation requirements. Cases are managed in the State’s computerized systems that include: Colorado Benefits Management System (CBMS), Automated Child Support Enforcement System (ACSES), and the Child Care Automated Tracking System (CHATS).

Caseload Increases

The economic downturn has contributed to historic growth in public assistance caseloads across the State. Public assistance programs across the board have experienced an increase in total caseloads when comparing March 2008, March 2009, and March 2010. The Colorado Works caseload has increased by **49.2%**, the CCCAP caseload has increased by **11.4%**, the Food Assistance caseload has increased by **62.4%**, and the Medicaid caseload has increased by **28.4%**.



Source: Colorado Benefits Management System Issuance Data

*Data is point-in-time and does not reflect annual totals.

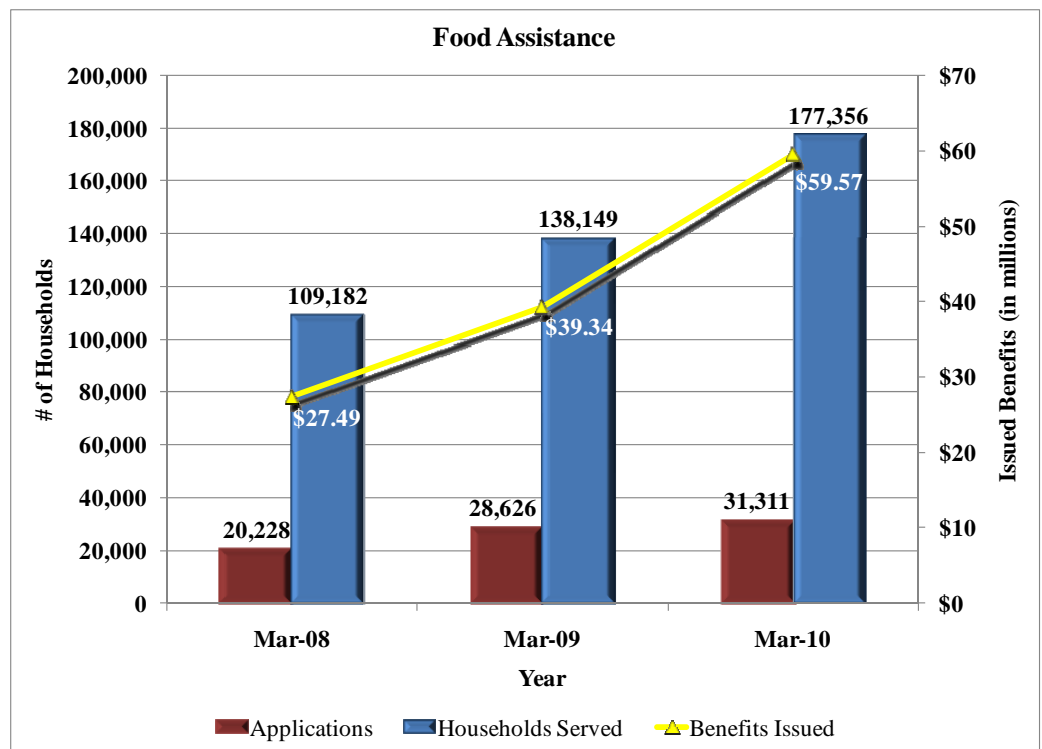
- Statewide, households served by Food Assistance rose by **62.4%** from **109,182** in the month of March 2008 to **177,356** in the month of March 2010.
- Statewide, Food Assistance applications have increased by **54.7%** from **20,228** for the month of March 2008 to **31,311** for the month of March 2010.
- Statewide, Food Assistance benefits paid have increased by **116%** from **\$27.49 million** in March 2008 to **\$59.57 million** in March 2010.
- Statewide, County Food Assistance case processing timeliness has improved by **11.65%** from December 2008 to March 2010, according to the Federal QA Special Reports.
- The State has not responded to caseload growth with any additional administrative funding.

FOOD ASSISTANCE PROGRAM

Food Assistance, formerly known as Food Stamps and currently referred to as the Supplemental Nutrition Assistance Program (SNAP), assists individuals or families with the costs of purchasing food as a supplement to a household’s nutritional needs for the month. Food Assistance benefits are accessed with a Colorado Quest card, which works like a debit card at grocery store checkout counters or ATMs and is kept secure with a private pin number. Citizens may be eligible for Food Assistance if they work for low wages; are unemployed or work part-time; receive TANF or other public assistance; are elderly or disabled and live on a small income; or are homeless.

Caseload Increases

The current economic downturn has contributed to an unprecedented growth in households receiving Food Assistance. Households receiving Food Assistance increased **62.4%** from **109,182** for the month of March 2008 to **177,356** for the month of March 2010. Statewide, applications increased from **20,228** to **31,311** applications, and Food Assistance benefits paid rose from **\$27.49 million** to **\$59.57 million** for those monthly points in time.



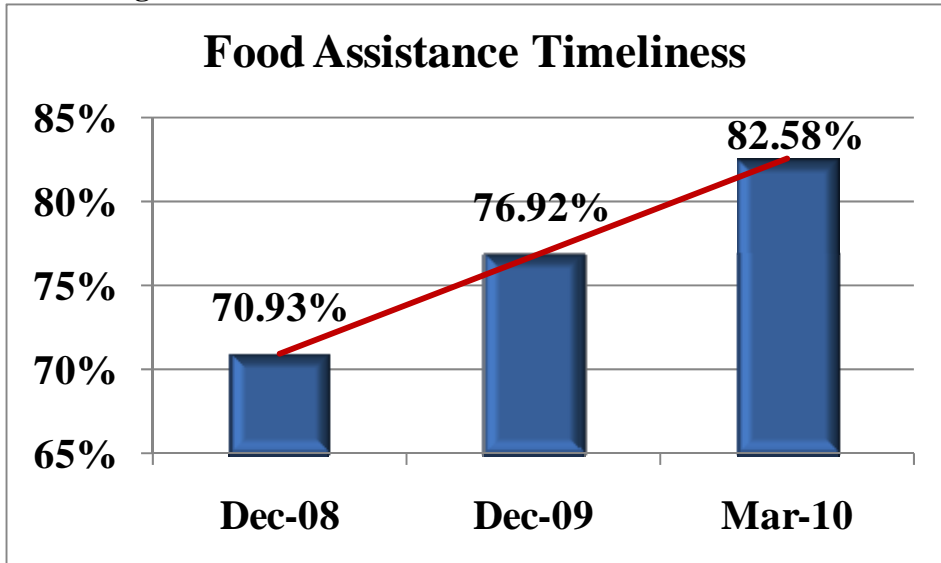
Source: Colorado Benefits Management System Issuance Data

*Data is point-in-time and does not reflect annual totals

Funding

Colorado's Food Assistance program received increased funding for temporary staffing to process applications from the American Recovery and Reinvestment Act. However, the State itself has not responded with any further increases in administrative funding to meet the growing need for processing benefits.

Processing Times



Source: Federal QA Special Reports

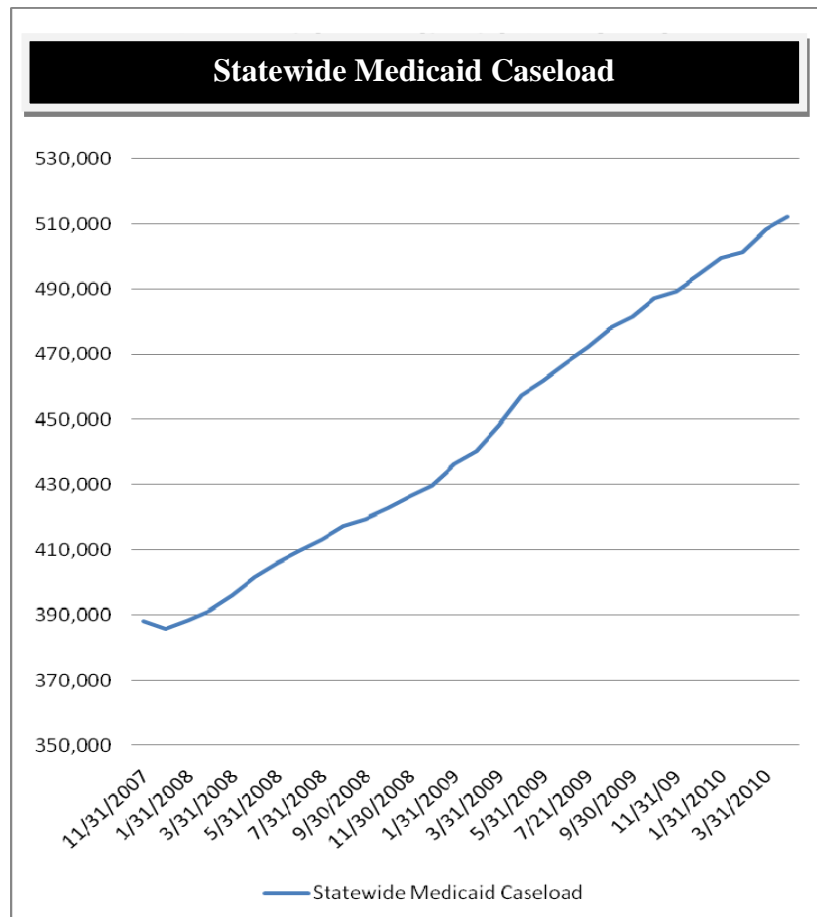
Colorado counties' statewide Food Assistance case processing timeliness has improved by **11.65%** from December 2008 to March 2010.

- Statewide Medicaid caseloads have consistently increased each month since December 2007, with a total increase of **32%**.
- Between July 2007 and April 2010, CHP+ caseloads in Colorado grew by **29%**.
- County Medicaid caseloads have shown significant increases since November 2007. Denver County increased by **30%**, Arapahoe by **35%**, El Paso by **36%**, Jefferson by **37%**, Boulder by **40%**, Weld by **44%**, Custer by **54%**, Lake by **62%**, Garfield by **77%**, and Pitkin by **81%**.
- Statewide average annual enrollment of children into CHP+ increased by **47%** between FY05-06 and FY 09-10.
- Statewide average annual enrollment of pregnant women into CHP+ increased by **38%** during the same 4 year period.

COLORADO MEDICAID & CHILD HEALTH PLAN PLUS (CHP+) CASELOADS CONTINUALLY ON THE RISE

Enrollment in public health coverage throughout Colorado has increased exponentially over the last 2+ years. Since November 2007, the earliest date for which caseload data is currently available on the Department of Health Care Policy & Financing website, Medicaid and CHP+ caseloads have continually increased statewide. Among the 10 largest counties, Medicaid caseloads have increased between **30%** and **44%**. CHP+ caseloads in Colorado grew by **29%**. There has been no increase in allocations to counties to hire staff to address the caseload increase.

Medicaid Caseloads Have Grown Every Month For 2+ Years (Based on all available data: 11/2007 to 04/2010)



Source: Calculated from data retrieved on June 16, 2010 from the Colorado Department of Health Care Policy & Financing <http://www.colorado.gov/cs/Satellite?c=Page&cid=1223462090259&pagename=HCPF%2FHCPFLayou>

- Colorado Works is the State name for the Federal TANF program.
- There are four Federal purposes of TANF that the Colorado Works Program supports.
- Human Services is responsible for the administration of the Colorado Works program.
- The Colorado Works program has a 60-month lifetime maximum benefit period.
- Colorado Works provides a safety net for Colorado's neediest families.
- Colorado Works provides cash assistance and job training to move families toward long-term self-sufficiency.

GENERAL DESCRIPTION OF COLORADO WORKS

On August 22, 1996, "**The Personal Responsibility and Work Opportunity Reconciliation Act of 1996**" (PRWORA) was signed into law. It created the Temporary Assistance for Needy Families (TANF) program, which replaced the Aid to Families with Dependent Children (AFDC), Emergency Assistance (EA), and Job Opportunities and Basic Skills Training (JOBS) programs under Title IV of the Social Security Act. The law marked the end of the Federal entitlement to this assistance program.

The States and Territories administer the TANF programs. States, Territories, and Tribes each receive a block grant allocation, and States must maintain a historical level of State spending known as maintenance of effort. The basic block grant amount covers cash benefits, administrative expenses, and services targeted to needy families. The 1996 law offers States great flexibility in designing individual State TANF programs. In Colorado, the TANF Program is referred to as the Colorado Works Program. States may use TANF funds in any manner "reasonably calculated to accomplish the purposes of TANF."

Four Purposes of TANF

- Provide assistance to needy families so the children may be cared for in their homes.
- End the dependence of needy parents by promoting job preparation, work, and marriage.
- Prevent and reduce out-of-wedlock pregnancies.
- Encourage the formation and maintenance of two-parent families.

Work Requirements and Activities

With few exceptions, recipients must work as soon as they are job ready, as determined by County policies. Failure to participate in work requirements can result in a reduction or a termination of benefits to the family. Various work activities count towards a State's participation. Many of the work activities are time limited and most all activities are work focused.

Five-Year Time Limit

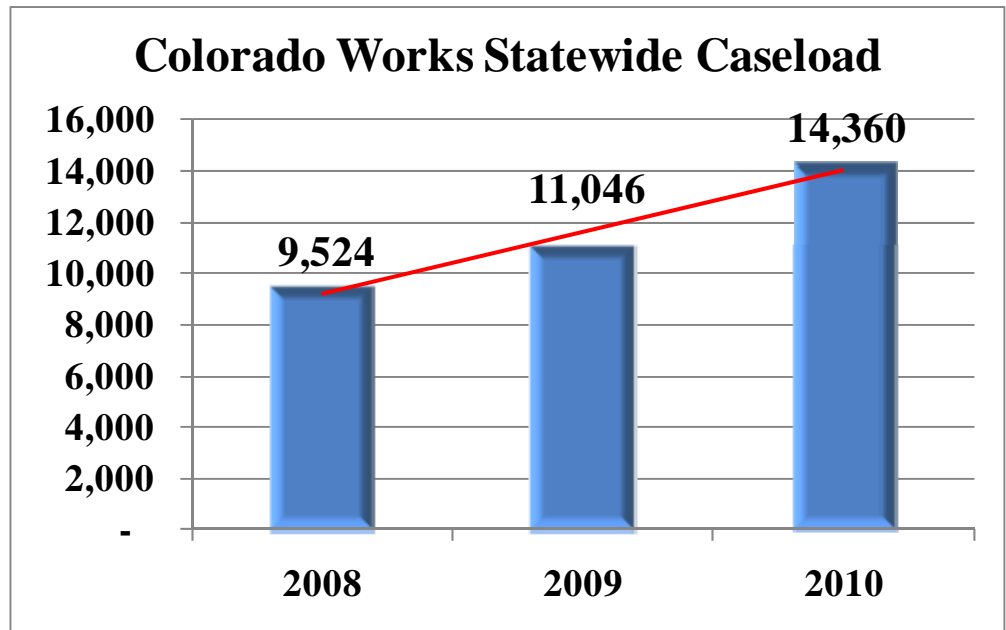
Families with an adult who have received federally funded assistance for a total of five years (or less at state option) are not eligible for cash aid under the TANF program. States may extend assistance beyond 60 months to up to **20%** of their caseload. They may also elect to provide assistance to families beyond 60 months using State-only funds, or they may provide services to families that reach the time limit using Social Services Block Grants.

- TANF is the Federal name for Temporary Assistance for Needy Families.
- Colorado Works is the state name for the Federal TANF program.
- Colorado Works caseloads have increased by **50.8%** since 2008 due to the economic downturn.
- Devolution of the TANF program from the state to county departments in 1997, coupled with a combination with other reforms, resulted in a dramatic drop in the number of cases and recipients.

COLORADO WORKS (TANF) PROGRAM

Colorado Works is Colorado’s version of the Federal Temporary Assistance to Needy Families Program. The program provides temporary assistance to needy families for a maximum of 60 months (5 years) over a lifetime. With the economic downturn, Colorado Works caseloads increased more than **50.8%** from **9,525** in March 2008 to **14,360** in March 2010.

In exchange for financial assistance, families receiving Colorado Works/ TANF must enter into an Individual Responsibility Contract that defines what steps they will take to achieve self-sufficiency and what services or supports the agency will provide to assist in that effort.



Source: CBMS Issuance Data, 2010. Data is point in time and does not reflect annual totals.

Colorado Works Caseload Increases

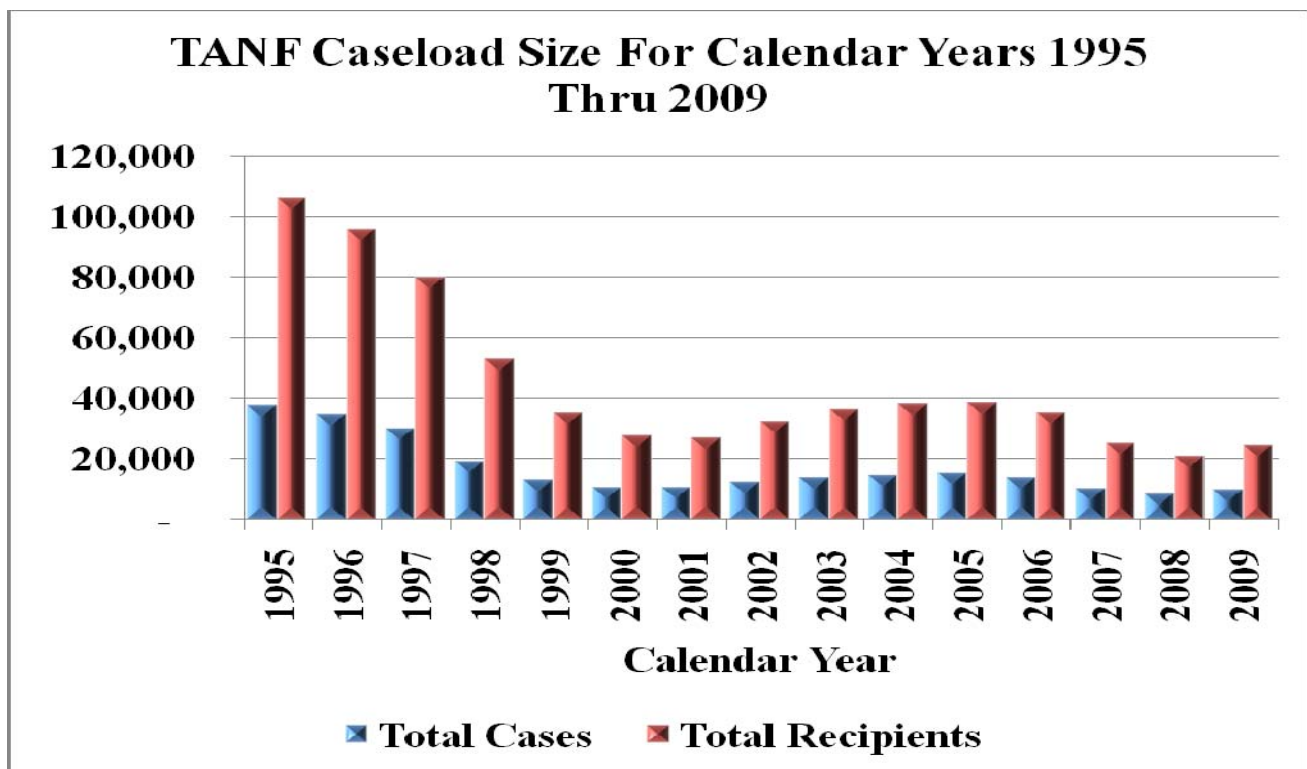
Between March 2008 and March 2010, households served under the Colorado Works Program increased by **50.8%**, from **9,524** households to **14,360** households.

Welfare Reform (TANF) and the Devolution of AFDC to the Counties

In July 1997, Welfare Reform was enacted in Colorado. The Aid to Families with Dependent Child (AFDC) was eliminated and replaced with the Temporary Assistance to Needy Families (TANF) Program. In

Colorado, TANF shifted the responsibility for the previous AFDC program to the counties. With welfare reform, the number of cases and TANF recipients declined dramatically. This decline is shown in the following graph that displays total TANF caseloads and recipients. The decline can be attributed to a number of factors including:

- A 5 year life-time limit on TANF eligibility where before there was no limit in AFDC.
- More stringent requirements for participants in TANF, such as the establishment of Individual Responsibility Contracts.
- The devolution of the state program to local county departments allowed counties to develop local programs, services, solutions, and partnerships to better serve local needs.



Source: Data access on line at: <http://www.acf.hhs.gov/programs/ofa/data-reports/index.htm>.

Public Assistance Facts County vs. State Administrated Federal Work Participation Rates PA 6

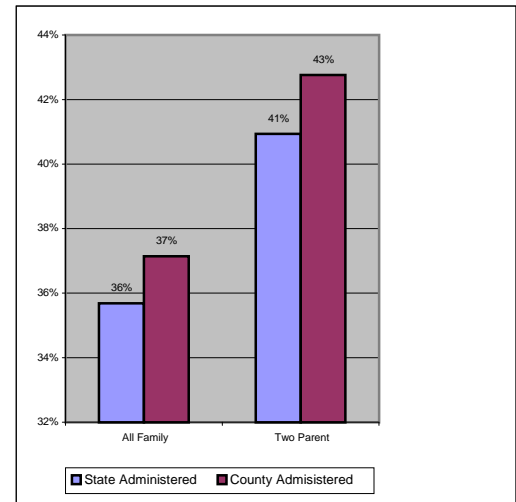
Colorado Counties Inc.

8-6-2010

- Nationally, there are 13 county administered public assistance states.
- Regardless of the administrative model, there is no difference in states achieving work participation rates.

COMPARISON OF ALL FAMILY AND TWO PARENT FEDERAL WORK PARTICIPATION RATES IN COUNTY AND STATE ADMINISTERED SYSTEMS.

State Administered			County-Administered States		
State	All Family	Two Parent	State	All family	Two parent
Alabama	37.4	28.1	California	25.1	26.5
Alaska	42.8	47	Colorado	32.3	30.8
Arizona	27.8	64.3	Georgia	59	
Arkansas	38.8	32	Maryland	36.9	
Connecticut	25.3		Minnesota	29.9	
Delaware	48.8		Nevada	42.1	51.4
Florida	42.4	37.5	New York	37.3	
Hawaii	34.4		North Carolina	24.5	51.3
Idaho	59.5		North Dakota	50.2	
Illinois	42.6		Ohio	24.5	27.9
Indiana	29.4	31.4	Pennsylvania	38.6	79.8
Iowa	41.1	39.8	Virginia	45.4	
Kansas	19.6	15.5	Wisconsin	37.1	31.6
Kentucky	38	38.8	Average	37%	43%
Louisiana	40				
Maine	11.4	8.6			
Massachusetts	44.7	96.4			
Michigan	33.6				
Mississippi	63.2				
Missouri	14.2				
Montana	44.2	51.6			
Nebraska	51.2				
New Hampshire	47.4				
New Jersey	18.9				
New Mexico	37.5	50.9			
Oklahoma	29.2				
Oregon	24.1	11.1			
Rhode Island	17.5	94.5			
South Carolina	51.7				
South Dakota	62.2				
Tennessee	25.2	11.9			
Texas	29.3				
Utah	37.6				
Vermont	23.2	31.8			
Washington	18.3	17.2			
West Virginia	17.6				
Wyoming	50.5	69.4			
Average	36%	41%			



U.S. Department of Health and Human Services, 2008

- Between March 2007 and March 2009, children needing Colorado Child Care Assistance increased from **36,087** to **39,969**, an **11%** increase.
- CCCAP received increased funding from the American Recovery and Reinvestment Act.
- The State of Colorado has not responded with any increases in administrative funding to meet the growing need.

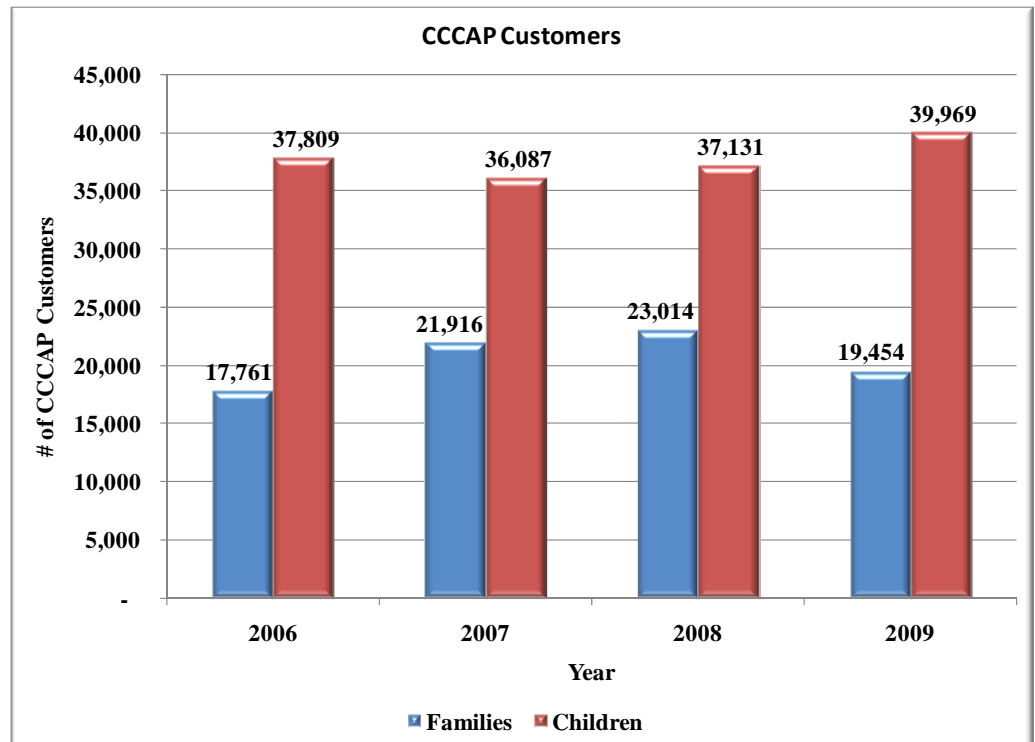
CHILD CARE OVERVIEW

The Colorado Child Care Assistance Program (CCCAP) is designed to meet the critical need for child care assistance for low-income families. **CCCAP is not an entitlement program** and counties must manage to their allocations by making program eligibility adjustments.

The cost of child care can limit the ability of parents to work outside the home. The provision and effective delivery of child care assistance is critical to the continuum of any public assistance system. The availability of child care assistance is critical in helping families on the road to gainful employment and self-sufficiency.

Child Care Caseloads

Between March 2007 and March 2009, children served by CCCAP increased **11%**, from **36,087** children to **39,969** children in need.



Source: CCCAP Annual program information Reports generated by State of Colorado, for 2006, 2007, 2008 and 2009

Funding

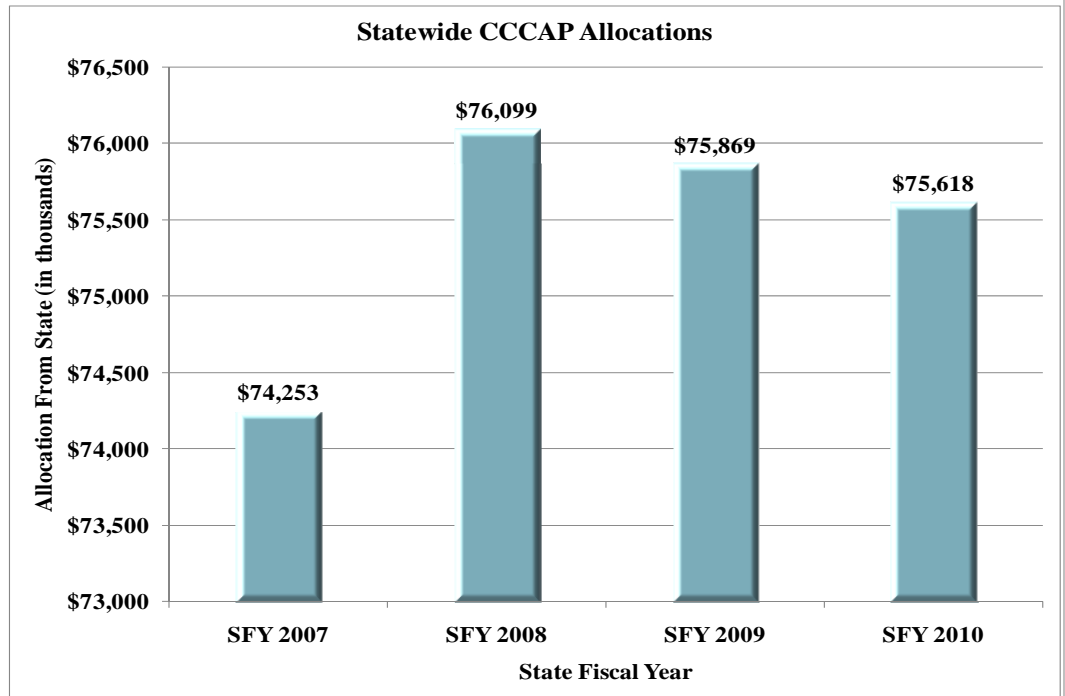
The CCCAP allocation is a formula developed and approved by the Child Care Allocation Committee. The formula determines the county's allocation of the State's child care assistance appropriation. The allocation is comprised of three factors:

- Utilization/market rates

- The average dollars per child has decreased by **3.7%** from FY2007 to FY2010

- Child population (ages 0-12)
- Food Assistance population (0-11)

Despite rising demand for CCCAP, the State has consistently decreased the annual allocations available to serve clients with this benefit over the past three State fiscal years. The program did receive increased funding from the American Recovery and Reinvestment Act. Child care funding from the State and Federal line items have slightly decreased over the last three years.



Source: Colorado Department of Human Services, Division of Child Care Allocation Reports

Counties have the ability to make changes to the CCCAP program to meet the needs in their communities. Counties can transfer up to **30%** of TANF (Temporary Assistance to Needy Families) dollars to supplement the costs of child care. Due to SB 08-177, which required counties to spend down reserves, coupled with the recent economic downturn and demand for TANF, most counties no longer have the TANF reserves to supplement child care assistance.

Counties have had to make difficult decisions to continue to serve the neediest families, while staying within available funding. These changes have included:

- Implementing waiting lists of clients for benefits
- Reducing the gross income to a lower percentage of the Federal Poverty Level and thereby decreasing the number of households eligible for CCCAP.
- Eliminating or reducing CCCAP for parents who were pursuing education or training.

- From March 2008 to March 2010, the number of households served by these assistance programs increased **6.2%** from **31,000** to **33,000**.
- During the same period, applications increased **27.3%** from **2,272** to **2,892**.
- Statewide, Adult Financial Assistance benefits paid has grown **9.0%** from **\$9.2 million** in March 2008 to **\$10.0 million** in March 2010.

ADULT FINANCIAL ASSISTANCE PROGRAMS

Adult Financial Assistance Programs include Old Age Pension, Home Care Allowance, Aid to the Needy Disabled and Aid to the Blind, which provide cash assistance to the elderly, blind, and people with developmental disabilities to help meet their basic needs for daily living and independence.

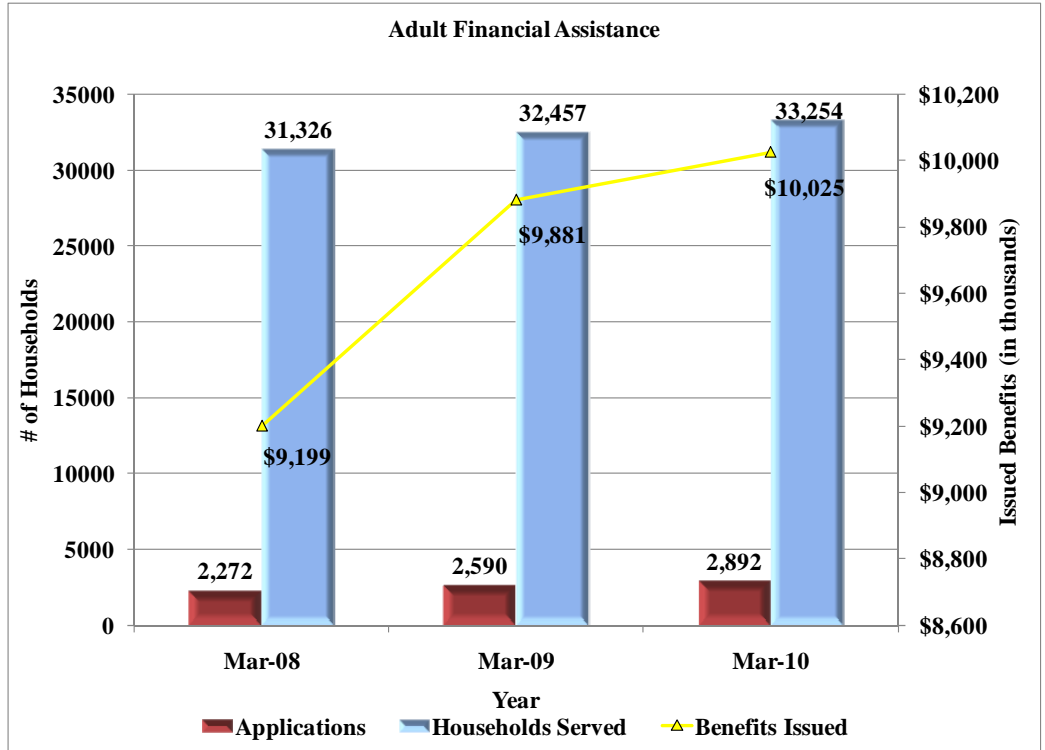
Applicants and recipients of these Adult Financial Assistance Programs must first apply for Supplemental Security Income benefits. Colorado Counties administer these Adult Financial Assistance Programs:

- Old Age Pension provides cash assistance to legal U.S. citizens ages 60 and older with no disability requirement, and is intended to supplement those individual's income (including SSI) to a total monthly level of \$699.
- Aid to the Needy Disabled provides financial assistance to low-income Colorado residents age 18 to 59 who have at least a six-month total disability that precludes them from working.
- Aid to the Blind serves blind clients under age 60 who have at least a six-month total disability that precludes them from working.
- Home Care Allowance provides cash assistance to elderly and people with developmental disabilities for services paid directly to a home care provider of the client's choice for specific chores, personal care, and support services, such as bathing, dressing, money management, and other daily living needs.

Caseloads

In Colorado, from March 2008 to March 2010, the number of households served by these assistance programs increased **6.2%** from **31,000** to **33,000**, while applications increased **27.3%** from **2,272** to **2,892**. Statewide, Adult Financial Assistance benefits paid has increased **9.0%** from **\$9.2 million** in March 2008 to **\$10.0 million** in March 2010.

Chart on Back



Source: Colorado Benefits Management System Issuance Data

*Data is point-in-time and does not reflect annual totals.

Funding

While the amount of benefits paid by the State for these programs has increased over the last several years, and the amount of both applications and clients served have increased, the State has not responded with an increase in administration funding for Counties to process these cases.

- The Adult Protective Services Program serves adults over the age of 18 who are at risk of mistreatment or self-neglect.
 - In Colorado, a large majority of adult protection cases involve self-neglect.
 - Counties are responsible for taking referrals and completing assessments to determine the appropriate services.
 - Colorado Statute provides the framework for counties to administer the Adult Protective Services Program.
-

ADULT PROTECTIVE SERVICES OVERVIEW

The purpose of the Adult Protective Services program is to protect adults who cannot protect themselves. These adults are known as “at-risk adults.” They are considered to be at risk of mistreatment or self-neglect because:

- They are unable to protect themselves; and/or
- They are unable to perform or arrange for services that will help them to protect their health and safety. For example, they may be unable to obtain medical treatment, financial assistance, meals, or home health assistance; and/or
- They lack sufficient understanding or lack the capacity to make or communicate decisions that keep them safe and healthy.

In Colorado, a large majority of adult protection cases involve self-neglect, followed by caregiver neglect. Family members account for nearly three-quarters of all perpetrators of adult abuse.

Legal Authority for Adult Protective Services

The statutory authority for Adult Protective Services is contained in Parts 1 and 2 of Colorado Statute, Title 26 - Human Services Code: Article 3.1 - “Protective Services for Adults At Risk of Mistreatment or Self-Neglect.” Part 1, Protective Services for At-Risk Adults gives direct statutory authority to the County Departments of Social (Human) Services to provide protective services to at-risk adults. Part 2, Financial Exploitation of At-Risk Adults strongly urges employees of financial institutions and other professional groups to report observed and suspected financial exploitation of at-risk adults to the Adult Protective Services program within the County Departments of Social (Human) Services. No other program entity in Colorado has the statutory authority to execute adult protective services.

Adult Protection Caseloads

As of June 2010, there were **2,361** open Adult Protective Services cases within the State.

- In 2009, Colorado Counties collected **\$312,964,370** in total support.
- Public Assistance recipients are required to cooperate with County Child Support Enforcement offices.
- There are **140,000** Child Support Enforcement cases handled by Colorado County offices.
- **14** States have County operated programs.
- **33** States/Territories have State operated programs.
- **7** States have hybrid -State, County, and privately operated programs.

CHILD SUPPORT ENFORCEMENT SERVICES

Colorado Child Support Enforcement Mission

The Mission of the Child Support Enforcement program is to ensure that both parents support their children. This is accomplished by:

- Locating Parents
- Establishing Paternity
- Establishing and Enforcing Child Support and Medical Support Orders
- Modifying Child Support Orders

Title IV-D of the Social Security Act

In 1975, The Social Security Act was amended to add Title IV-D, which provided Federal financing to states to develop effective State plans for the establishment of paternity, and the establishment, enforcement, and modification of child support orders. In addition to every state, Guam, Puerto Rico, the Virgin Islands, and the District of Columbia have all developed plans in accordance with Title IV-D.

There are currently **14** states, including Colorado, that have developed State plans under Title IV-D that are administered by County Offices of Child Support Enforcement; there are **33** states/territories that have developed Title IV-D plans that are administered by State Offices of Child Support; and there are **seven** states that have chosen to administer their Title IV-D programs by utilizing a combination of County, State and private Child Support Offices.

- Although we are in the midst of difficult economic times, Colorado's Child Support Enforcement Program has continued to perform as one of the top programs in the nation.
- Colorado Counties collected **\$312,964,370** in 2009, which was slightly more than the total collections in 2008.
- Colorado's total child support enforcement collections grew by **16.7%** from FFY 2005 to 2009.

Colorado's Child Support Enforcement Administration

The Colorado Child Support Enforcement Program is organized as follows:

- Regulations must be enacted at the State level through statutes, rules and/or policies and procedures. The laws, rules, and policies are administered at the County level. Colorado's Child Support Enforcement Program is State supervised and County administered.
- The County Offices of Child Support Enforcement administers the program by utilization of the Automated Child Support Enforcement System (ACSES), working with parents, employers, and other government agencies to establish, enforce, and modify child support orders. The County is the contact point for all parents to ensure services are being provided in accordance with regulations, statutes, and policies.
- The State Office of Child Support Enforcement provides guidance to the County offices on any Federal or State changes affecting the program, oversees the child support computer system (ACSES), contracts with private vendors for payment disbursement, provides training to the County offices, and oversees new initiatives and provides the framework for automated remedies, such as driver's license suspension, tax offset, etc.

Colorado Counties collected **\$312,964,370** in 2009, which was slightly more than the total collections in 2008. The following graph shows the trend for collections over the past 5 years. Although we are in the midst of difficult economic times, Colorado's Child Support Enforcement Program has continued to perform as one of the top programs in the nation, which is reflected by the continued positive collections trend, which is in large part due to the collaborative efforts between the County and State Offices of Child Support Enforcement.



Source: Colorado FM-157 Report

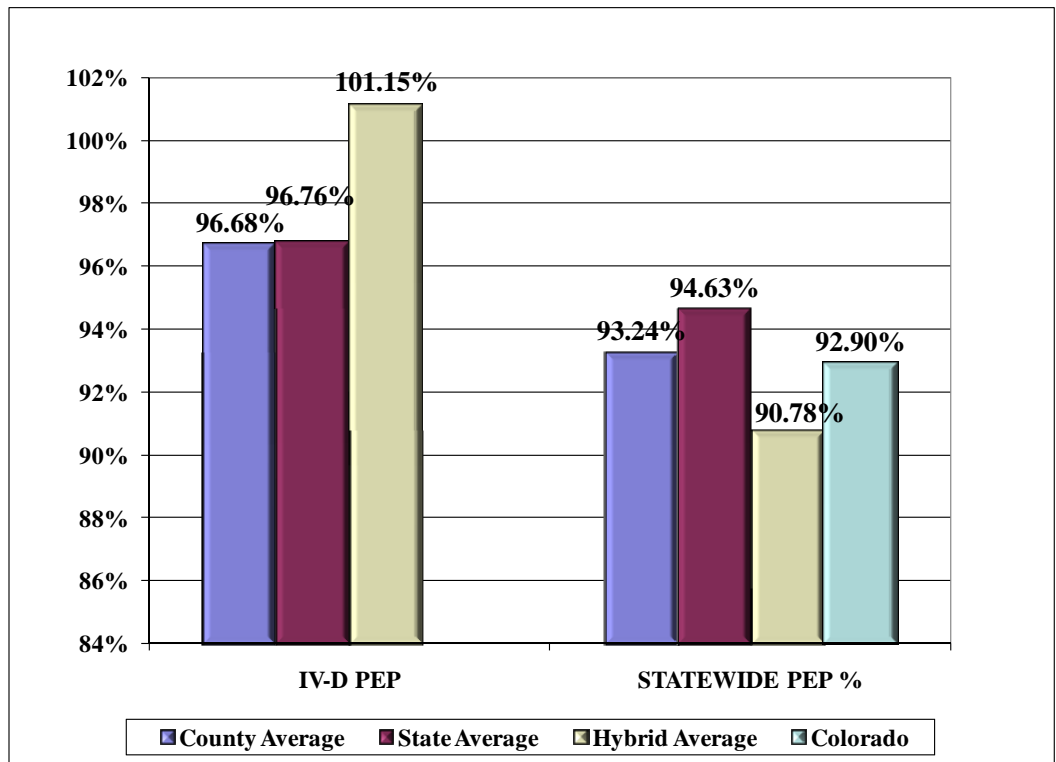
- Colorado has achieved the federal goal of **90%** of all children having a father listed on the child's birth certificate each of the last 6 years.

The Paternity Establishment Percentage (PEP) represents the percentage of children born each year that have a father's name listed on each child's birth certificate. Having a father listed on every child's birth certificate is crucial to ensure children are eligible for survivor's benefits, that children have access to family medical histories, and to promote parenting.

States have a choice on reporting statewide PEP or reporting the IV-D PEP. Statewide PEP includes all children born in Colorado while IV-D PEP only includes children born in Colorado that are listed on cases handled by County Offices of Child Support Enforcement. Colorado has historically reported statewide PEP and has begun the process to convert to IV-D PEP.

The graph below indicates that because CSE offices have direct control over the cases they administer, the IV-D PEP is higher than statewide PEP for each type of administration. The graph also shows that there is virtually no statistical difference between how Child Support Enforcement services are administered and the resulting Paternity Establishment Percentage.

Average Paternity Establishment Percentage (PEP) by Type of Administration in 2009



Source: Federal Office of Child Support Enforcement 2009 Unaudited Incentive Performance Measures Report

- Colorado achieves a significantly higher percentage of establishing orders on cases than the averages for all types of administered programs.
- Colorado is among the top 10 of all States/Territories for the percentage of caseload with an order in 2009.
- Colorado has achieved the Federal goal of **80%** of cases with an order for the last 9 years.

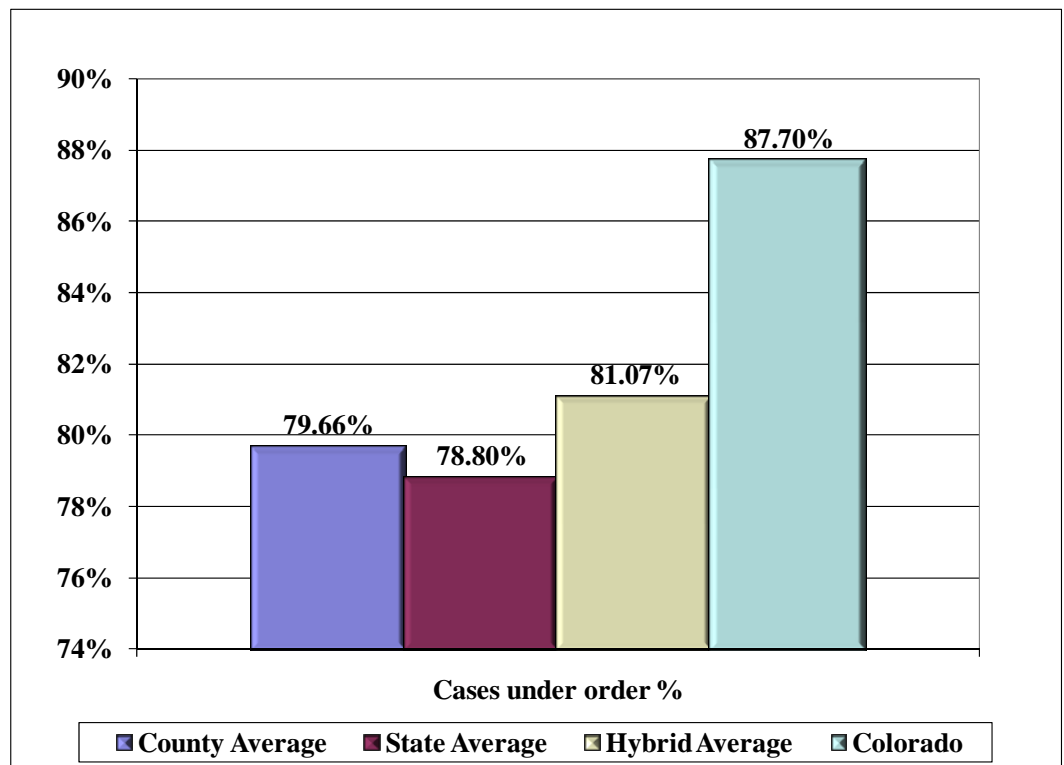
Establishing Child Support Orders

The first step in providing support to children is to establish court orders on each case that Child Support Enforcement services are being provided. Without a court-ordered child support obligation, custodial parents are at the whim of the non-custodial parents in assisting with the financial support of their children. Court-ordered child support obligations also provide a basis for collection remedies used to ensure consistent payments are made.

Because establishing court orders for child support is crucial, Colorado has implemented many significant changes over the years to ensure that this first step is not a barrier to the families we serve.

While statistics show very little difference between the county administered programs and state administered programs, the following graph clearly shows the commitment Colorado has made to ensure that a court order for child support is in place for every child, when possible.

Percentage of Cases with Orders by Administration Type



Source: Federal Office of Child Support Enforcement 2009 Unaudited Incentive Performance Measures Report – minimize to corrected font

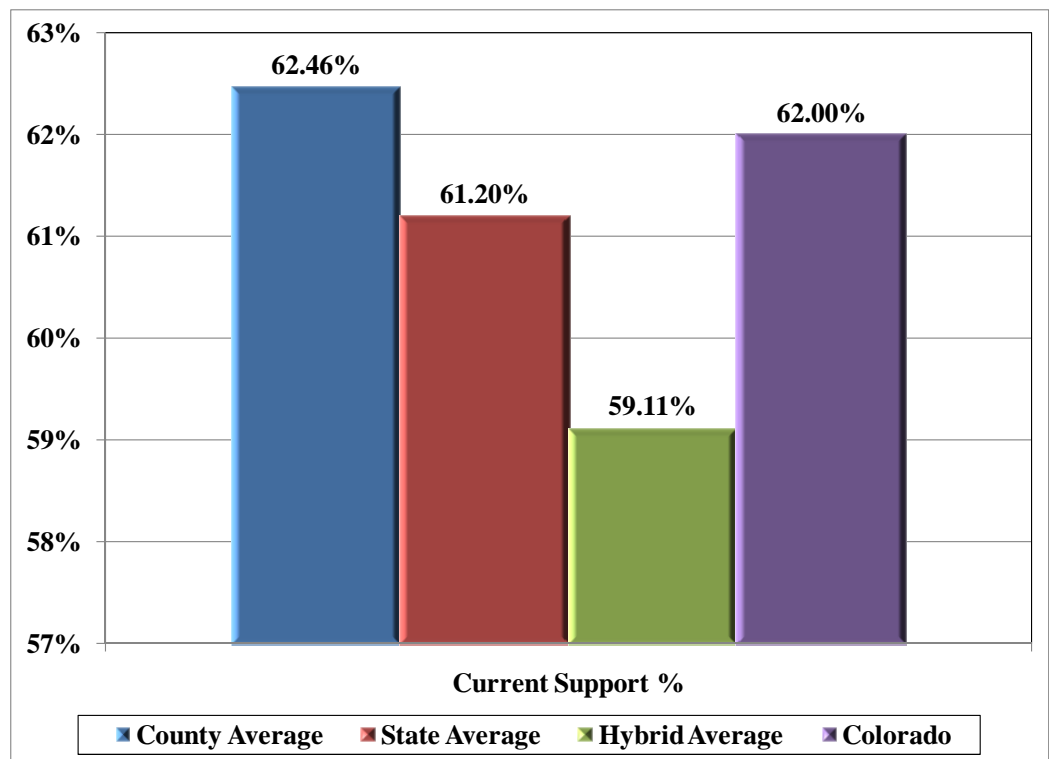
- Colorado, as with other county administered programs, outpaced state administered and hybrid administered programs in the collection of current support.
- Colorado's caseloads include **9%** more cases, usually more difficult cases, than the national average which indicates that Colorado maintains a higher average than state administered programs while ensuring more families receive services.

Collecting Current Child Support

Once an order for child support has been entered, the collection of consistent monthly payments becomes the goal for each County office administering Child Support Enforcement programs. Current child support often times is the difference between children living in poverty or not.

Colorado has done well in the area of current support collections and routinely strives to continue to improve in this area. The graph below shows that County offices outpace both State and hybrid administered programs. Colorado's child support collections levels are very consistent with other states that have County-administered programs. This is significant because Colorado's caseload has **9%** more cases with orders for child support than other comparable states. The cases represented by these additional **9%** are usually the more difficult cases involving incarcerated obligors, unemployed obligors, undocumented obligors, etc.

Percent of Current Collections by Administration Type



Source: Federal Office of Child Support Enforcement 2009 Unaudited Incentive Performance Measures Report

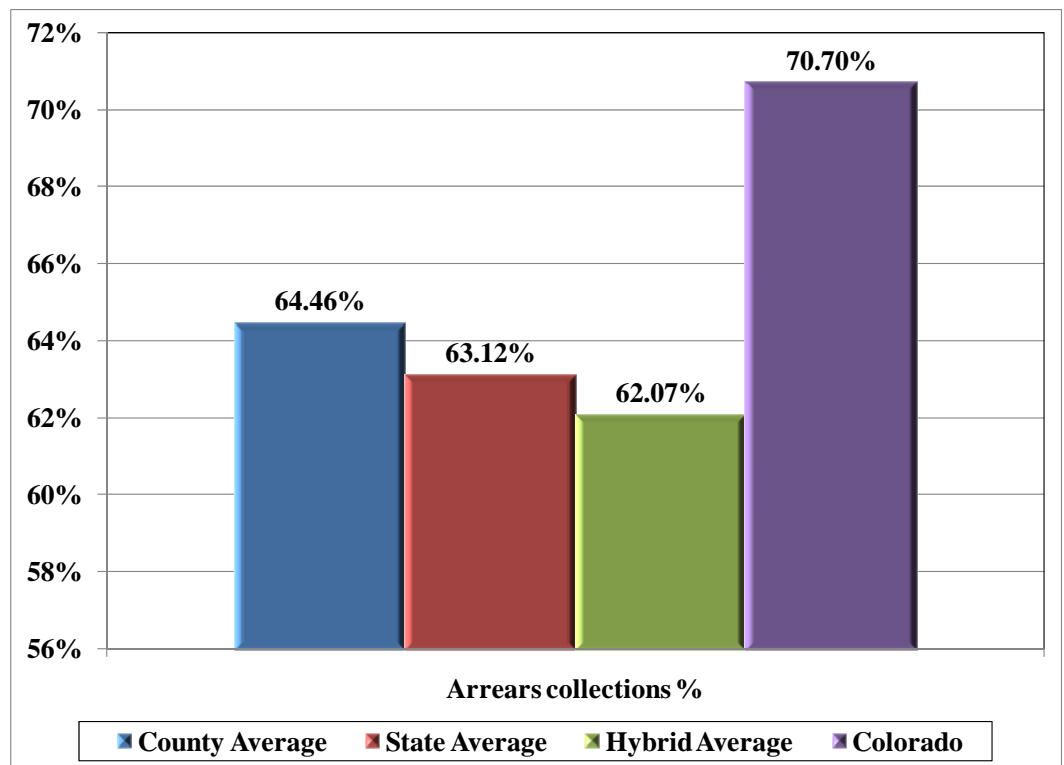
- Colorado has achieved the federal performance goal of **70%** of all cases with arrears paying an arrears amount for the past two years.
- Colorado has surpassed the national average for the past 11 years.
- Colorado outperformed those states that are State administered programs by **8%**.

Collecting Child Support Arrears

Often times, Child Support Enforcement offices receive cases several months or years after children have been born or after a court has entered an order for child support. These types of cases begin with past due support that also needs to be collected. Coupled with current support payments, arrears payments can further assist removing children from poverty. Colorado has excelled in the collection of child support arrears without negatively impacting current support collections.

While the graph below shows that States/Territories with county administered programs are better at collecting child support arrears than State or hybrid administered programs, Colorado has far outpaced the efforts made nationally. This is made even more significant because Colorado caseloads contain **9%** more cases with orders than the rest of the nation. Colorado also follows strict protocols to avoiding closing more difficult cases.

Percentage of Arrears Cases with a Payment in 2009 by Administration Type



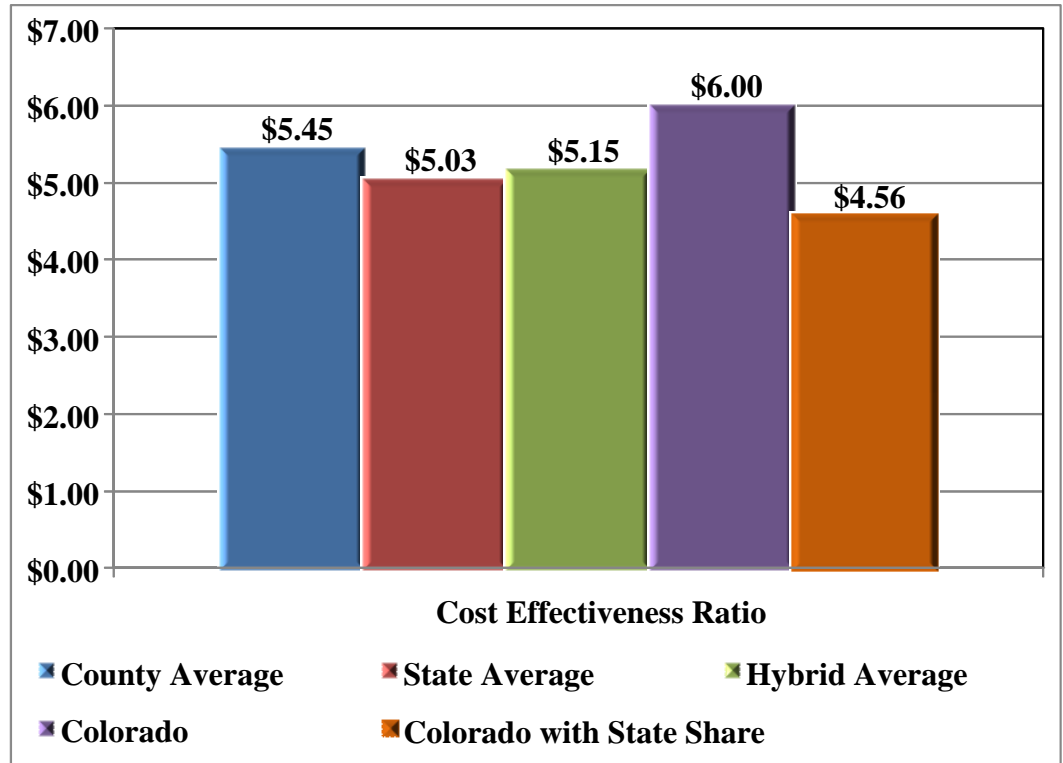
Source: Federal Office of Child Support Enforcement 2009 Unaudited Incentive Performance Measures Report

- For every dollar in public funds spent, Colorado Counties collect **\$6.00** in child support payments.

Cost Effectiveness Ratio (CER)

The following graph shows that Colorado, as a state, is below the averages for cost effectiveness. Cost effectiveness is calculated by dividing the total amount of collections by the cost of administering the program. The graph also shows that Colorado County Offices far exceed the average for cost effectiveness when the State's costs are removed. This discrepancy is shown only as a basis for comparison between Colorado and other county administered programs due to the unknown nature of how costs are reported by other county administered programs.

Dollar Amount Received for Every Dollar Spent in 2009 by Administration Type



Source: Federal Office of Child Support Enforcement 2009 Unaudited Incentive Performance Measures Report

Conclusion

Taken individually, each of the proceeding graphs show that County administered Child Support Enforcement programs are either consistent with, or exceed, State and hybrid administered programs. The statistics also show that the current structure of Colorado's Child Support Enforcement program facilitates excellence in the program. The collaboration between the County offices and the State office has led to several national awards and more importantly, a higher rate of service for the children we serve. This is clearly illustrated by Colorado far exceeding the national average in cases with child support orders which means that a much higher percentage of Colorado families have orders and receive support than the vast majority of States and Territories. Colorado's current structure in providing child support services should be a model for Child Support Enforcement offices and statistics prove that changing the existing structure to either a State or hybrid administered program would reduce services to Colorado's children.