



08/17/23

## Kempe Foundation Legislative Proposals for the Colorado Child Welfare System Interim Study Committee

### Introduction

The Kempe Foundation is an independent, nonprofit charitable foundation which advocates for the interests of children and families through our work with legislators in the General Assembly, engages with communities, and supports the experts and the programs of the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. The Kempe Center, as part of the University of Colorado at the Anschutz Medical Campus, produces a wide range of research, education, and programs, guided by the expertise of over 75 experienced child welfare professionals. The Center is known for over 50 years of contributions to the advancement of the child welfare field, and our expert faculty and staff are national leaders in disciplines of medicine, law, social work, behavioral health, system research, and program design and implementation. We acknowledge that the system that has protected and healed so many children and families also produces harm, including racial and class-based disproportionality and disparities. We believe that child welfare can protect children and youth from maltreatment while also honoring a commitment to justice, equity, diversity, and inclusion, elevating the voices of lived experience and building a more just and effective child welfare system.

#### 1. Whole Health Coordination For Children In Care Act

##### *The challenge:*

- *This Act promotes a Public Health approach to supporting appropriate and timely physical, mental and behavioral health care services to children and youth in the child welfare system requires both professional health care expertise and the capacity to*

*navigate multiple, intersecting systems, including child welfare, health care and public health*

- *All states are challenged with meeting federal standards for timely and coordinated care, including maintenance of medical records and scheduling of appointments*
- *In the absence of expert, professional supports, high acuity children and youth with especially complex treatment needs present a daunting challenge for child welfare systems*
- *Unmet treatment needs of children and youth early in their time in the child welfare system's care may contribute to more serious conditions and treatment needs later in a child or youth's childhood and adulthood*

A potential response: Develop legislation that centralizes and coordinates both existing and new services and supports with a goal of achieving the following:

- Better short and long term physical, mental, and behavioral health outcomes for children and youth in the Colorado child welfare system's care
- Greater equity in service delivery and health outcomes for the most vulnerable and high acuity cases, including children and youth with disabilities and developmental delays
- More effective use of existing health care services in our state
- The Whole Health Coordination for Children In Care Act will:
  - Support caseworker access to nurses who identify important health care needs and coordinate specialized care, such as the CARE Network, Child First, SafeCare, and the KICS and TASK Clinics, and other state and county delivered programs when needed
    - Provide equity coaching to those nurses to help address disproportionality and disparities in delivery of health care services to marginalized populations, such as the Race Intelligence Coaching Program recently delivered to the Colorado Court Improvement Program
  - Improve medical recordkeeping by centralizing the gathering of medical passport data collection
  - Improve tracking of appointments in a data system to improve outcomes in this area and satisfy American Academy of Pediatrics guidelines
  - Coordinate information sharing and care coordination to families when children and youth are able to return home, to ensure quality and continuity of care
  - Perform an independent evaluation of this Resource Center's processes and outcomes, including its impact on issues of equity

## 2. Colorado Child and Family Wellbeing Implementation Institute

*The challenge:*

- *Delivering effective interventions at scale and with appropriate attention to local community and cultural contexts is complex. Because of this, investments in evidence-*

*based and research supported programs frequently result in smaller impacts than intended, and in inequitable provision of services.*

- *This is avoidable with careful attention to the process of implementation. However, more is known ([Implementation Oversight for Evidence-Based Programs - Evidence-to-Impact Collaborative \(psu.edu\)](#)), about what works with effective implementation than what is typically practiced in community-based settings.*
- *A State-Academic partnership could help address this challenge and ensure that Colorado's investment in effective interventions has the intended and socially significant impact.*

A potential response:

- Pass legislation to create and fund a Colorado Child and Family Wellbeing Implementation Institute for a minimum of 5 years and renewable thereafter, toward the goals of:
  - o Improving key implementation outcomes, including access and reach of effective interventions; equity in access to effective interventions; and identifying economies of scale for implementation efforts
  - o Providing technical assistance and support for culturally grounded and responsive effective interventions, including program readiness activities and adaptations that may be necessary to ensure fit to context, while building implementation support locally
  - o Creating a system to develop local implementation specialists and work with community coalitions to develop effective implementation teams
  - o Providing technical assistance where evidence-based strategies are being used to train qualified providers to deliver the effective interventions, including partnering with other intermediaries and institutions of higher education
  - o Ensuring community and family voice is integrated within implementation plans
  - o Incorporating those with lived experience and their expertise into the delivery of services
  - o Developing new knowledge regarding best practices for implementation through research and evaluation that can help support future efforts
  - o Collaborating with state and county entities, including Medicaid, to identify sustainability strategies for effective interventions
  - o Improving the return on investment for evidence-based and research-supported programs
  - o Delivering all the above with an emphasis of cultural sensitivity and a lens toward equity, justice, and inclusion
- The Institute will:
  - o Bolstering the way in which programs are put into practice so they reach the intended population
  - o Support initiatives to ensure availability of trauma-informed, culturally-responsive practitioners who can deliver programs

- Closely collaborate with OCYF, CDHS, CISU, and other state agencies to ensure an annual statement of work that supports and extends state initiatives
- Coordinate with other intermediaries who train and disseminate programs, including but not limited to home visiting services and other evidence based programs (such as Invest In Kids)
- Collaborate toward these shared goals with Colorado's many successful community, county, and regional family-serving programs, services, and resource centers.

### 3. Colorado Child and Family Workforce Support Act

#### *The challenge:*

- *Recruitment and retention of child welfare workers and related family-serving professionals is consistently cited by Colorado counties and other service providers as an ongoing challenge*
- *That challenge is exacerbated by changing labor market conditions in Colorado and nationwide, including the effects on the labor market of the pandemic, and of the burden on workers due the rising number of high acuity cases*
- *Comprehensive, ongoing solutions are needed to address this challenge, tailored to meet the distinct needs of individual counties and their unique labor market conditions, and targeted to address greater diversity and inclusion in this workforce*
- *Existing statewide data is insufficient to provide an understanding of factors contributing to this problem and to its potential solutions*

A potential response: Acknowledging that some efforts are already under consideration by CDEC and other state and local agencies the Colorado Child and Family Workforce Support Act would:

- Establish a time-limited Child and Family Workforce Support Task Force, to research and develop solutions to more effective recruitment and retention of child and family serving professionals, including but not limited to county human service caseworkers
  - Task Force to be established as of July 2024 and issue a report with recommendations no later than December 2024
  - Task Force to be chaired by a county representative and to include representation from counties, state agencies and private sector stakeholders and service providers
    - Task Force to be supported by collaboration with and facilitation by external experts in workforce recruitment and retention
  - Issues to include but not be limited to:
    - Compensation
    - Job descriptions and duties
    - Working conditions
    - Recruitment and retention of a diverse workforce which represents the identities and interests of the communities served
    - Qualifications

- Training, coaching and certification
  - The potential of a statewide database program to study and evaluate workforce trends, challenges and solutions
- Provides funding for research and support to the Task Force to achieve its objectives
- Provides equity coaching to directly impact issues of Justice, Equity, Diversity and Inclusion, such as the Race Intelligence Coaching Program recently delivered to the Colorado Court Improvement Program
- Provides evidence-based training to the workforce on trauma-informed professional and organizational practice, such as the Trauma Responsive Implementation and Practice (TRIP) program

#### 4. Colorado Family Success Act

##### *The challenge:*

- *Reports on neglect (not abuse) comprise the vast majority of child welfare hotline calls, and in many of those cases the neglect is very closely linked to poverty*
- *An estimated 85% of families investigated by child welfare agencies earn less than 200% of the federal poverty line, and these families are disproportionately families of color*
- *Child care subsidies have been shown to reduce substantiated child maltreatment, while waiting lists of child care have been shown to increase child maltreatment investigations*
- *Provision of permanent housing subsidies has been shown to reduce foster care placements by 50%*
- *Flexible funds provided to meet a range of individual family needs have been shown to reduce subsequent child maltreatment*

A potential response: Enact a law to create an enhanced family support program, building on the success of Colorado's Family Resource Centers with funding distinct and separate from Child Welfare with an aim

- To expand these Centers to serve every county in Colorado
- To promote greater equity, improved child well-being and more effective maltreatment prevention, and through a public/private collaboration, develop a pilot project to establish, deliver and evaluate a substantially enhanced family support service to significantly increase the reach and impact of evidence-based family supports in Colorado
- Pilot project to include:
  - A diverse selection of communities and inclusive representation of Coloradans across the state
  - Eligibility is universal for Colorado families seeking help, with no requirement of child welfare system contact, involvement or case opening
  - Consideration of a distinct pathway for families to request assistance, including the potential of a family wellbeing "warm line"

- Funding is independent and completely de-siloed from federal eligibility requirements; use of funds is discretionary and tailored to meet the unique needs of each family, with evidence-based services including but not limited to:
  - Housing assistance
  - Nutritional assistance
  - Healthcare services, including behavioral health and substance abuse treatment
  - Direct financial support
- Supports are provided entirely at the discretion of each pilot site and include access to direct financial support when appropriate; eligibility criteria completely disconnected from customary state and federal program limitations
- Pilot sites determine both community needs and the most effective ways to meet those needs through a rigorous engagement with community members, including the voices of lived experience with family-serving systems
- Staff receives equity coaching to address disproportionality and disparities of marginalized populations, such as the Race Intelligence Coaching Program recently delivered to the Colorado Court Improvement Program
- Staff provided evidence-based training on trauma-informed professional and organizational practice with children and families, such as the Trauma Responsive Implementation and Practice (TRIP) program
- Pilot is subject to a rigorous implementation and evaluation plan, with results publicly disseminated
  - ongoing implementation support, based on implementation science, provided to pilot sites
  - Support provided to identify strategies for ongoing sustainability



## Whole Health Coordination for Children in Care

### Partnering to Improve Outcomes

- All states are challenged with meeting federal standards for timely and coordinated care, including maintenance of medical records and scheduling of appointments.
- In the absence of expert, professional supports, high acuity children and youth with especially complex treatment needs are a daunting challenge for child welfare systems.

Development of a **Whole Health Coordination for Children in Care** program to coordinate healthcare needs could lead to better outcomes and increased federal compliance. Benefits include:

- Reduction of workload for caseworkers, improving job satisfaction and mitigating burn out.
- Improved child outcomes by addressing unmet needs, through integration of healthcare expertise into case management.
- Increased engagement with families through partnership with trusted healthcare professionals, improving family support and education.

### Whole Health Coordination Program Development

Key stakeholders will be convened including county and state child welfare staff (including caseworkers and Division of Youth Services staff), people with lived experience, foster and kin families, an expert in Justice, Equity, Diversity and Inclusion (JEDI) and medical, dental, behavioral health and substance abuse treatment services professionals. This group will advise on the program development and serve as ongoing advisory board members.

### Child Welfare Nurse Consultation and Care Coordination

A selected state entity, ideally public health, will administer this program in partnership with CDHS, county child welfare agencies, the Division of Youth Services and the selected resource center which will support the development of a statewide workforce of county-based nurses to provide health care coordination for children in out-of-home placement and consultation by public child welfare staff. While versions of this model exist in some Colorado counties, this program will make resources available across the state. The centralized resource center will oversee initial and ongoing training of nurses within communities they are serving, data collection and evaluation, and all with attention to creating inclusive practices through applying a JEDI lens. Nurse training will include education in child maltreatment and secondary trauma. Nurses will be local resources directly accessible by caseworkers when there are health concerns. Service provision will leverage connections to existing programs such as Nurse Family Partnership, SafeCare, the Kempe CARE Network, medical homes for foster youth, specialty care for children with chronic or complex needs, and perinatal substance use navigation.



### **Medical Passport Completion**

Trained healthcare workers, as a Passport Team, will gather and review appropriate information, coordinating with existing systems such as Medicaid and immunization databases, and enter the information into the Trails system and other medical information system if available (this may be ideal so children and families could continue to access the information after a child has left placement). When issues are identified that require the development of healthcare treatment plans, the Passport Team will collaborate with county-based nurses to ensure plans are developed and implemented. In coordination with county caseworkers, the nurses will act as system navigators for children to ensure their “whole health” needs are met. Psychotropic medication regimens will be reviewed for alignment with established practice guidelines, and children who are at risk of disruption of their psychotropic medications will be referred for expedited medication management services (potentially resulting in fewer placement disruptions).

### **Appointment Tracking and Documentation**

Children in out-of-home placement require specialized care and the Care Team will ensure that recommendations set by the American Academy of Pediatrics for this population are followed, in coordination with the county-based nurses when indicated. The Care Team will track appointments (in Trails if the function is available or other data system, if necessary), facilitate specialty care (e.g. for pregnant youth) and work with caregivers, caseworkers and service providers to manage referrals, coordinate appointments and follow up with ongoing needs. Documentation received from appointments will be reviewed for important information and such identified information will be shared with the caseworker and county-based nurse for any necessary follow up.

### **Whole Health Coordination will “Travel” with the Children, Bio Family, and Kin/Foster Parents**

The program will coordinate with families concerning medical and mental health conditions while a child is in care, and when a child returns home to ensure continuity of needed services. For children not returning home, but transitioning from the child welfare system, the program will ensure such youth have their medical histories and assistance with locating service providers for ongoing care. Care Teams may also address preventive needs for families, such as maintenance of substance misuse recovery and child development education. Trails reports will be developed to notify the program when a child moves in care, and the Care Team will ensure the new placement has the necessary records and Whole Health Coordination care plans for the child.

### **Identification and Treatment Planning for Children with Complex/High Acuity Needs**

Children with complex social and healthcare needs, such as those with chronic mental health issues and infants prenatally exposed to substances, benefit from early recognition and appropriate care management. The program will support caseworkers with needed information to make the best placement decisions, thus limiting misuse of resources, and minimizing placement disruptions and associated adverse outcomes such as emotional and behavioral problems, lowered academic achievement, juvenile delinquency, decreased chances of reaching permanency, and poorer adult functioning.





# Kempe's Trauma-Responsive Implementation and Practice (TRIP) Program

EVIDENCE-BASED TRAINING AND SERVICES TO MITIGATE TRAUMA AND PROMOTE HEALING

## The Program

The Trauma-Responsive Implementation and Practice (TRIP) program at The Kempe Center integrates, enhances, and implements trauma-responsive and culturally appropriate practices for systems, organizations, parents, educators, and others to help mitigate the impact of trauma. The program provides evidence-based approaches and services to children and families, facilitates trainings for professionals across the human service fields and offers implementation guidance for child, youth, and family-serving agencies.

## Why It's Needed:

Exposure to traumatic events and chronic stress can have negative impacts on children's cognitive, academic, behavioral, and social-emotional functioning. Even prior to the COVID-19 pandemic, students who were exposed trauma faced significant challenges both in and out of schools. COVID-19 intensified these disparities, necessitating effective trauma-responsive approaches for caregivers, educators, students, and the community. The effect has exacerbated students' social-emotional development impacting self-regulation and relationship building.

The TRIP program equips parents and educators with specialized training to address trauma's impact, fostering healing and resilience in children and those who care for them. Our approach prioritizes trust, safety, collaboration, empowerment, choice, and cultural responsiveness to create supportive environments and mitigate trauma's adverse consequences in a holistic manner.

## Our Vision

Effective trauma-responsive approaches and trauma treatments require the people who work with and support children to be resilient and able to model emotional regulation and social competency. Through the TRIP program, the Kempe Center's goal is to reach more individuals with comprehensive training on these skills to create opportunities for more Colorado children to become resilient and equipped to reach their full potential.

# Spotlight: Training in Colorado and Across the Nation

- TRIP develops, implements, and disseminates trauma-informed and culturally responsive training curricula to a diverse workforce in Colorado and provides technical assistance. Over 4000 professionals around the state utilize the Colorado Systems Training Institute (CSTI) learning management system managed by TRIP.
- The Trauma-Responsive Schools Theory of Change Toolkit authored by Drs. Gomez and Fauchier have been downloaded by more than 800 users representing more than 25 states and 7 countries.
- TRIP has trained 1330 professionals over the past 3 years from child welfare, school system, infant mental health and early education providers, juvenile justice system, and health care system, in topics such as trauma-responsive practices, diversity-informed practices, reflective practices, and cultural responsiveness.

## BY THE NUMBERS

526

LEARNERS

completed

INSTRUCTOR-LED  
TRAININGS

1010

LEARNERS

completed

WEB-BASED  
TRAININGS



Positive impact on both students and school personnel, resulting in increased resilience, and a significant reduction in behavioral disruptions in the classroom by students.

***Four years after implementation of TRIP, the School Principal reported low staff turnover, and enhanced wellness by teachers and students.***

### Montezuma County -Elementary school Trauma Informed Implementation

Some of the outcomes reported by school leaders and staff:

- A sense of psychological safety and well-being.
- Dramatic increase in staff wellness.
- Staff became involved in the change.
- Students kept in the classroom instead of the principal's office.

Teachers reported:

- Improved support and school climate.
- Satisfaction with the recognition they received.
- 100% of teachers indicated their school was a good place to work.

***Student referrals to the principal's office were reduced by 80% - meeting a primary goal of the school administration.***





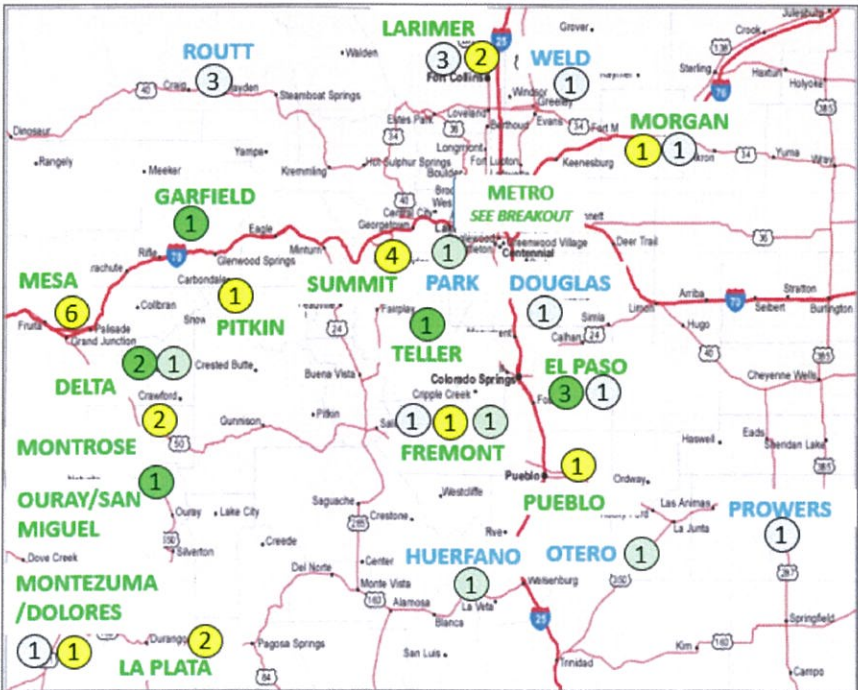
## The CARE Network

Established through House Bill 19-1133 in 2019, the goal of the CARE Network is to create a state-funded healthcare network to provide a standardized response to suspected child maltreatment. Under contract with the Colorado Department of Public Health & Environment, we train and support a network of designated providers around the state to complete medical and behavioral health assessments for children under 6 years of age for physical abuse or neglect concerns and children under 13 years of age for sexual abuse concerns.

The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect (Kempe Center) serves as the network resource center and functions as the administrative, education, and provider support hub of the network. Our network of medical providers (physicians, physician assistants, nurse practitioners, and forensic nurse examiners) include experts in the area of pediatrics and emergency medicine. Our behavioral health providers are trained in evidence-based trauma treatment modalities, child development, trauma, complex-trauma and family systems.

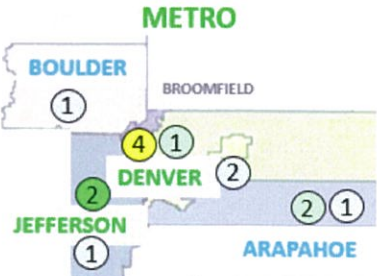
The CARE Network 2023 Annual Report describes network activities from fiscal year July 1, 2022 to June 30, 2023. At the conclusion of our third year of implementation, we currently have one or more trained providers in 39% (25) of Colorado's 64 counties with 66 trained Network providers going into fiscal year 2024.

19 COUNTIES WITH ACTIVE PROVIDERS 7 COUNTIES WITH NEW PROVIDERS



LOCATIONS OF CARE NETWORK PROVIDERS (Some serve additional counties)

- Medical
- Current
- New 2023
- BH
- Current
- New 2023

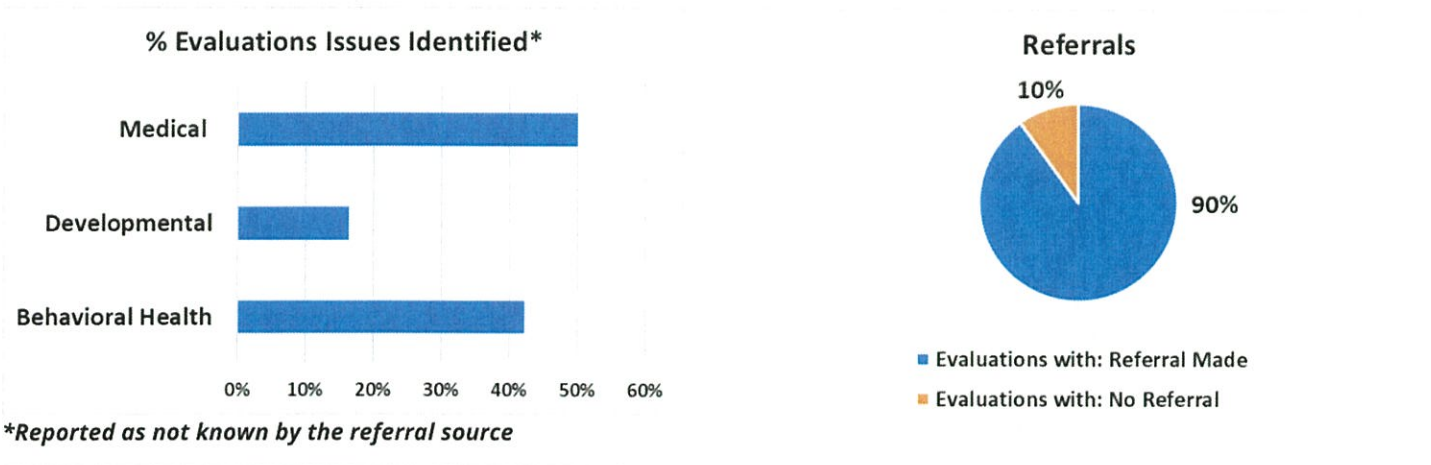




# IMPACT ON CHILDREN, FAMILIES AND COMMUNITIES IN COLORADO

## Outcomes

- > 95% of returning providers indicated participation in the CARE Network has improved access to medical exams in their communities.
- > 89% of returning providers indicated participation in the CARE Network has improved access to behavioral health assessments in their communities.
- > 86% of returning providers indicated participation in the CARE Network has improved coordination with other child and family servicing agencies in their communities.



\*Includes basic needs, caregiver mental health, domestic violence, substance abuse, and parenting programs.

**CARE Network providers performed holistic evaluations-consistently identifying issues and translating those into coordinated referrals for children and families.**



**INVEST IN KIDS** works alongside Colorado communities to adopt, implement, and successfully scale proven programs that have the greatest long-term impact on young children and families experiencing poverty.

## HOW WE WORK

Trusted Relationships + Evidence-Based Programs + IIK Expert Implementation Supports =

# Better Futures for Colorado's Kids.

## PROGRAM APPROACH - Child First®

Child First (CF) is an evidence-based, intensive, early childhood model that works with the most challenged young children and their families, helping them heal from the damaging effects of stress and trauma. Our two generation approach builds strong, nurturing, caregiver-child relationships, promotes adult capacity, and connects families with needed services. This home-based intervention increases emotional health and learning success and prevents child abuse and neglect.

Child First works with young children (prenatal through age five) and their families, in the home and via telehealth. Referrals come from both families and providers throughout the community system of care, including early care, education, pediatrics, early intervention, and child welfare.

The Child First model uses a team-based approach to support families, with a Mental Health/Developmental Clinician and a Family Support Partner providing these key components:

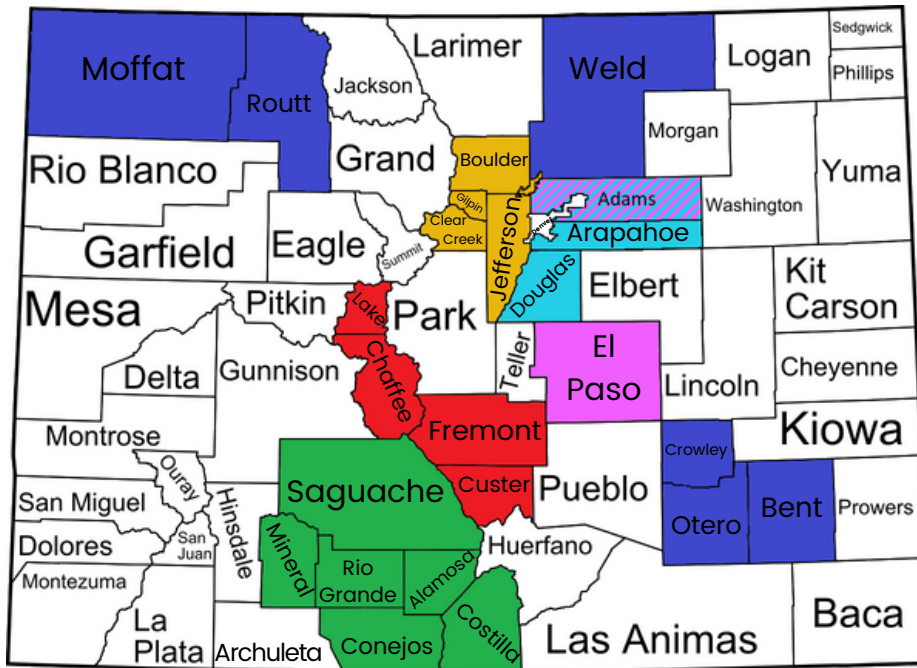
- Psychotherapeutic, two-generation intervention, which helps build a nurturing, responsive, parent-child relationship. This protects the child's developing brain from the damage of chronic stress, heals the effects of trauma and adversity for both child and parent/caregiver, and promotes strong emotional health, cognitive growth, and resilience.
- Provides hands-on connection to broad community-based services and supports for all family members, leading to family stabilization, decreased stress, and utilization of growth-enhancing community resources.
- Executive functioning and the capacity for self-regulation are promoted for both caregiver and child, including memory, attention, planning, organization, and reflection.

## OUTCOMES\*

- 68% decrease in child language problems.
- 42% decrease in child aggressive and defiant behaviors.
- 64% decrease in maternal depression or mental health problems.

\*Child First was evaluated with a randomized controlled trial (RCT) with strong positive outcomes. (Child Development, January/February 2011). Colorado specific outcomes will be available in 2022.

# COLORADO CHILD FIRST AFFILIATE AGENCIES



Child First Affiliate Agency	Counties Currently Served	Child First Referral Phone Number and Address
Aurora Mental Health & Recovery	Arapahoe, Adams, and Douglas	Phone: (303) 617-2457 Address: 1290 Chambers Road, Aurora, CO 80011
Paragon Behavioral Health Connections	Bent, Crowley, Moffat, Otero, Routt, and Weld	Phone: (303) 691-6095 Address: 12567 W. Cedar Drive, Ste 250, Lakewood, CO 80229
Solvista Health	Chaffee, Custer, Fremont, and Lake	Phone: (719) 275-2351 Address: 3225 Independence Road, Canon City, CO 81212
San Luis Valley Behavioral Health Group	Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache	Phone: (719) 589-3671 Address: 8745 County Road 9 S, Alamosa, CO 81101
Savio	Adams and El Paso	Phone: (720) 530-5805 Address: 325 King Street, Denver, CO 80219
Tennyson Center for Children	Boulder, Broomfield, Clear Creek, Gilpin, and Jefferson	Phone: (303) 731-4845 Address: 2950 Tennyson Street, Denver, CO 80212

To make a referral, please complete our HIPAA compliant Jotform at <http://hipaa.jotform.com/212556770436055>

## LEARN MORE & CONTACT US

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