



Colorado's Practice Model

Excellence in Child Welfare Services

Version 3.0, January 27, 2012

Colorado Child Welfare Practice Model*

(to be enhanced at the county level)

Vision

Colorado's children and youth have the opportunity to thrive in safe, nurturing, and stable families within their communities.

Mission

The Colorado child welfare system, in partnership with families and communities, will protect children and youth by striving to achieve their safety, permanency, and well-being.

This mission will be achieved by consistently and effectively:

- engaging families;
- collaborating with federal, state, local, and tribal entities;
- practicing in a culturally responsive manner;
- safely reducing out of home placement
- providing individualized services that strengthen children, youth and families and remove barriers; and,
- developing a competent, professional, responsive and accountable staff.

Values

Safety

Child and youth safety is paramount. Children and youth have a right to live in a safe and stable home.

Child Centered:

The child welfare system has the responsibility to make reasonable efforts to assess and meet individual and family needs through child-centered practice.

Being child centered includes:

- Understanding children and youth have a right to grow up with their family whenever possible and remain home when safely supported.
- Recognizing that children and youth have a right to live in a safe, stable, permanent home.
- Promoting positive youth development by recognizing the individual needs of children and youth while providing choices, encouraging positive, permanent connections, and engaging children and youth in safely expressing themselves and participating in decisions.

Family Focused

The child welfare system has the responsibility to make reasonable efforts to assess and meet individual and family needs through family focused practice.

Being family focused includes:

- Understanding that families have the right and responsibility to raise their own children and youth.
- Recognizing that families are knowledgeable regarding their family's strengths and needs.
- Assuring that families and extended families have a decision-making role in the care of their own children.

Collaborative Partnerships

Colorado's child welfare system will engage in mutually beneficial relationships with individuals, families, agencies, foster families and communities to work toward common goals by sharing responsibility, authority, and accountability for achieving successful outcomes.

Organizational Competence

Colorado's child welfare system recognizes its responsibility to demonstrate:

- Leadership in a professional manner through a competent, well-trained and supported workforce.
- Continuous self improvement through ongoing assessment and being informed by data and research to support decision making.
- Service delivery that is fully defined, explained, and understood.

Culturally Responsive

The child welfare system has a responsibility to understand and respond to children, youth and families with sensitivity to their unique beliefs, values, race, ethnicity, history, culture, religion, language, educational level, sexual orientation and economic status.

Communication

The child welfare system commits to communicating both internally and externally in a timely, respectful, and appropriate manner. Communication will be reciprocal; demonstrating a respect for each person's perspective and focusing on the best interests of children, youth, and families.

Standards of Practice

The following overarching standards are valued and demonstrated **at every stage of service** and throughout the Colorado child welfare system's involvement with a family.

- Family engagement is an overarching theme of practice throughout service assessment, planning, and delivery. Family engagement is demonstrated by staff joining with the family, involving family and youth in decisions that affect

them, and establishing common goals concerning safety, well-being and permanency. Family engagement is culturally responsive and results in meaningful family involvement.

- Through mutual dialogue with children, youth, families, and extended family supportive relationships are identified and promoted.
- Consistent and meaningful contact with children, youth, and families includes continuous assessment of all family members in regard to safety, risk and the family service plan.
- Documentation is factual, accurate, clear, concise, timely and understandable.
- Integrated human services is part of an overall philosophy to enhance the family condition by improving services, increasing prevention, collaborating within communities and creating better client outcomes.
- When multiple services systems are involved with a family, all efforts will be made on the part of the child welfare system to collaborate with those systems and to coordinate and integrate service planning and delivery whenever possible. These efforts will include engaging in two way communication with other service providers, linking plan elements to meet families' needs, minimizing duplication of services, and monitoring plan progress in a team oriented fashion toward agreed upon outcomes.
- Supervisors will guide casework practices and decisions that promote the values and principles of the practice model while ensuring compliance with applicable laws and regulations.
- Supervisors will support staff in developing skills through proactive performance management and feedback and provide quality clinical supervision, supportive coaching, and effective mentoring consistently across the child welfare system.

- Leadership at all levels of the Colorado Child welfare system will demonstrate concern for how staff experiences their job and listen to work concerns, specifically related to worker safety. Casework staff will be provided with the tools, training, and resources necessary to promote their own physical and emotional safety.
- Services are monitored and evaluated for impact on child safety, permanency and well being, as well as lessons learned through the delivery of the service by the agency and community service providers.
- Case transitions include the relevant/appropriate participants and are transparent, planned, timely, clearly communicated and documented. Case transitions may include stages of a case, case transfers, or changes of services or involved participants.
- Information sharing should occur through an active exchange of information to benefit assessments, case planning, and service delivery while ensuring confidentiality and protecting private information.
- Agency staff have a thorough knowledge of and are able to refer children, youth, and families to community and/or agency resources
- Decision-making is objective, culturally responsive and builds upon information gathered.

The following practice standards are valued and achieved as **specific tasks relative to service delivery** during a family's involvement with Colorado's child welfare system.

- Effective screening of incoming referrals is achieved by collecting all of the information necessary to properly triage referrals in order to make appropriate decisions and timely responses.
- Assessment is a dynamic, ongoing process throughout the life of the case. Assessment includes interviewing all relevant parties in a culturally responsive manner, obtaining and sharing information regarding what is currently occurring within the family that is of concern, identifying the strengths of the children, youth and families, and recognizing underlying safety, risk and protective factors.

- Child safety is paramount. Ongoing safety and risk assessment for children, youth, and families drives decision making, service planning and delivery.
- Community or agency services and supports will be made available with a goal of keeping children and youth in their own home and sustaining success after a case is closed.
- Agency staff helps families make connections to community partners and teach or strategize with the families they work with to utilize resources on their own.
- Similar to assessment, service planning is a dynamic, ongoing and culturally responsive process based on the continuous assessment of the child(ren), youth, and family situation.
- All efforts will be made to include the family in the decision making process including a choice of resources. Resources must be appropriately matched to the needs of the family and their ability to use the resource effectively. Services must be relevant and consistent with evidence about effective practice.
- Setting goals and developing plans will be done with families. The plan should be realistic, clearly articulated and written in language the family understands. The plan should include specific goals that contain outcomes of measurable, behavioral change.
- Families and caseworkers will work together to develop family service plans which contain a mix of traditional and non-traditional services for families and youth that result in meaningful change. A comprehensive, coordinated and integrated family service plan across multiple child and family serving agencies will address child and youth well being.
- Service delivery follows the terms of the plan and is adjusted as indicated by ongoing assessment of the family's needs. When multiple service systems are involved with a family, successful delivery requires linking and coordinating

systems, both formal and informal, to meet the family's needs, minimize duplication of activities and support continuous movement toward agreed upon goals.

- If out of home placement is necessary, first consideration is given to kinship or tribal providers. At the time of placement, the agency has accepted increased responsibility for the safety, permanency and well being of the child and youth and the quality of services. Contact and service supports to children and youth in placement and their families and caregivers are based on individual needs, are culturally responsive, and are not limited to the minimum mandated by policy or statute.
- When out of home placement is necessary, Colorado's child welfare system will make attempts to place the child/youth with kin whenever safe and feasible and when such a placement promotes reunification, visitation, permanency, and overall child well being.
- Visitation for children and youth in placement is based on their individual needs to maintain connections, including contact with siblings, and to promote permanency.
- Concurrent permanency planning begins at the time of placement and includes engaging parents and extended family in planning for the permanency of a child/youth. Concurrent permanency planning is demonstrated when dual permanency goals are pursued simultaneously.
- All foster care/placement providers are considered as valued members of a team working together to meet a child or youth's needs. Providers, including kinship, foster parents, or congregate care staff will receive needed support including timely linkages to appropriate clinical and concrete services, appropriate training, and consistent contact and two way communication to monitor a child or youth's needs.
- Effective service delivery includes connecting families to an array of post permanency services to promote success. Services are easily accessible and available to meet their needs to support permanence.

- Agency staff members have a clear understanding of their professional responsibilities and their agency's role as a service provider in the community.

The following standards are valued and achieved as **organizational standards** that support strong casework practices and outcomes for those involved with Colorado's child welfare system.

- State, county, and tribal staff uses data and information collection, along with monitoring efforts, to develop strategic plans and drive service delivery. Service delivery efforts must strive for equitable treatment of all service recipients and good client outcomes. Child welfare agencies use data to drive system improvement efforts. Data collection includes consumer input and feedback through planned surveys and focus groups.
- State, County, and Tribal partners will strive to align strategic support systems such as human resources, training, quality assurance, and information technology to the standards, values, and desired outcomes of the practice model.
- Collectively, state, county and tribal partners recognize that these standards of practice can only be achieved through a well trained, supported, professional workforce with manageable workloads. Efforts will be made to recruit and retain the best possible staff for the children, youth, families, and communities served.
- The child welfare system has an overall staff development plan that addresses initial and ongoing staff development and is accessible to all staff. This would include competencies, skill, knowledge, abilities and values needed to carry out duties related to child safety, permanency and well being in a culturally responsive manner.
- Key decisions are structured to increase consistency and accuracy, seeking to identify solutions that are child centered and family focused. Staff are provided tools and training necessary to support consistent and accurate decisions at key times in the life of a case.
- The child welfare system assesses the strengths and needs of their community and partners with local providers to develop services for the identified needs of at risk children, youth, and families.

- Services provided should be continuously monitored to assure that those services the family receives align with the values and principles put forth in an agency practice model.

Practice Model Skills

Engaging- Facilitating respectful and meaningful participation including looking at the situation from each person's point of view, ensuring each person a voice, listening to their areas of concern, identifying and acknowledging their strengths, and involving them in setting realistic mutually acceptable goals and plans.

Assessing- Continually collecting information about the issues that need to be addressed and evaluating the relevance of the information. This discovery process includes consideration of strengths, capabilities, culture, willingness, and availability of resources for achieving safety, permanence, and well being.

Decision Making- Utilizing knowledge and information to make objective decisions to promote positive outcomes. Decision making may include collaborating, consulting, and appropriate use of supervision and multi-agency teams to develop solutions and build consensus.

Communicating- Communicating in a reciprocal manner. Communications should be clear, concise, accurate, timely, culturally sensitive, and understandable in verbal, non-verbal, written, and electronic formats. Communication will be open, non-judgmental, and respectful.

Organizing- Achieving desired outcomes by: time management; demonstrating flexibility and adaptability; managing and prioritizing workload and organizing information so that it is accessible and understandable.

The Practice Process Defined

The practice process includes: Prevention, Referral, Assessment, Provide Services, Evaluate Service, Case Closure, their definitions and indicators.

Definition of Prevention:

Prevention is a strategy that reduces the likelihood of child abuse, neglect, or risk of out of home placement, which involves children and at-risk youth based intervention (including referral to community partners) that utilizes family strengths to improve the lives of children, youth, and families referred.

The strategy may include:

- Development of community partnerships
- Community outreach
- Development of services for at risk youth
- County level prevention and early intervention programs
- Follow up services to preserve permanency
- Wraparound/transition services
- In-home services
- Parent education

Prevention Indicators:

1. The agency makes a public commitment to integration and collaborative human services through their vision, mission, and values as well as public plans for needed services and identifying gaps in available services.
2. The agency has an available data base or collection of community resources that is current and is kept up to date

3. Workers can demonstrate a record of client referrals to a variety of services and programs
4. Decisions that result in “information or referrals” to community services rather than an agency assessment are clearly congruent with information gathered. This would be demonstrated by thorough supervisory review and approval processes and screen out audit results.
5. Screeners gather information regarding services the family is receiving prior to providing referrals to community services
6. Over time, data indicates a reduction in child abuse and neglect and out of home placements

Referral

A Referral is a report to the County or Tribal Child Welfare Agency of alleged Abuse/Neglect and/or a request for services for a child, youth and/or family.

Referral Phase

During the Referral Phase information is gathered and follow-up actions are determined.

Referral Indicators

1. All referrals are reviewed by supervisor or team immediately for emergency situations or within one working day for non emergency referrals
2. Supervisor or team assures that all available information is gathered by worker prior to disposition on referrals demonstrated by the following
 - a. Dispositions are based on information gathered and volume 7 requirements
 - b. Information gathered and submitted for review results in supervisor or team being able to make dispositions and not require worker to re-interview individuals or obtain further information required by volume 7.
 - c. Information gathered includes enough information to screen for child/family/caseworker safety and risk, child/family language, cultural needs, mental health, substance abuse, domestic violence, child’s current location, and school information.

3. Documentation is complete, reflective of all information gathered resulting in no revisions needed after supervisory review
4. Documentation allows referrals to be easily transferable between counties resulting in no new revisions based on review from receiving county.
5. Documentation is located completely and timely within TRAILS on every case. No abbreviations are used in referral assessment notes.

Assessment

Assessment is engaging families and community to gather information to identify the safety, risks, needs and strengths of the child, youth, family and community to determine the actions needed.

Assessment Phase

The assessment phase is an engagement process in which the County or Tribal Child Welfare Agency gathers information, makes decisions based on the information and takes initial action regarding child safety, risk and needs. The phase includes consideration of strengths, needs, capabilities, culture, willingness of the family and availability of resources for achieving safety, permanency and wellbeing. The assessment phase ends with a determination of findings and documentation of any continuing actions or services needed.

Assessment Indicators:

1. Safety and risk assessments are documented from every assessment (100% of the time) as per rule, with family specific details. Information gathered is directly reflected in safety and risk assessment ratings and decisions. The path to assessment decisions is easily traced back to information gathered.
2. Safety decisions and support plans are made as indicated by children who remain home have no recurring founded reports of maltreatment from allegations and/or conditions similar to those assessed
3. Supervisor agrees with worker decisions based on the supervisors understanding of the workers assessment efforts and engagement of the family. This is indicated by supervisors not requiring worker re-visits or additional information gathering.

4. During the assessment family history is gathered and family functioning is assessed and detailed in the case record
5. Strengths and concerns of the family are identified by the family and are detailed in the case record along with family goals and available supports.
6. Meetings with family and collateral contacts occur with significant participation of family members and outside community contacts. Transparent risk statements are made to the family and collaterals so that the agency concerns are clearly articulated. Acceptable solutions offered by the family are reflected in the safety plan and decision as well as detailed in the case record.
7. Efforts to engage the family include the following whenever possible:
 - a. Communication with the family occurs in the language of the family
 - b. Worker demonstrates reasonable flexibility in meeting times with family members based on the family's needs
 - c. Worker asks family to identify their own culture and demonstrates respectful accommodation of the family's needs/situation
8. Allegation findings are based on legal definitions of child abuse/neglect and informed by best practice standards for the safety and well being of children.

Provide Services

Any intervention, activity, or support that improves safety, permanency, and well-being for a child, youth, and family, based on their culture, strengths, and needs.

Provide Services Phase

During this phase, we develop service plans with the child, youth, and family to identify culturally relevant services that are available through formal and informal community resources or the county department. The service plans will have measurable goals, action steps, and outcomes, and will be written in language the family understands. The focus of the plans will be to expand upon strengths and mitigate risks, achieve permanency, and promote well-being, adjusting as needed over time.

Provision of Service Indicators:

1. Plans developed always include measurable benchmarks and goals and are developed based on clearly documented goals agreed upon by the family and the worker. Development of plan objectives includes the ongoing assessment of safety and risk and the ongoing impact of plans and services already in place.
2. Services in the plan meet the uniqueness of individual families demonstrated by that family's progress on their plan. This is further demonstrated by plans that include a mix of traditional and non-traditional services that include the family's support system or services from their community (as defined by the family)
3. Plans are translated in the language of the family, and providers are considered and chosen based on the family's identified culture
4. Services in the plan are congruent with the safety and risk assessments/decisions which is easily understood from documentation in the case record.
5. Services begin in a timely manner (except when court ordered) based on the family's needs. Efforts will be made to assure that different systems share common understanding of what various services are (e.g., day treatment) and whom they are designed to treat.
6. Caseworker, family, child/youth, and service providers collaborate at the beginning of services to establish common goals and objectives, which are documented in the case record and throughout intervention.
7. Supervisors provide routine review of case plans using critical thinking questions to help workers develop benchmarks and plan ahead for potential case eventualities (potential crises). Successful supervisory actions would be demonstrated by documentation of supervision sessions, caseworkers expressing a feeling of support from their supervisors, and caseworkers coming to supervision sessions having gathered information to answer critical thinking questions.
8. Each case record demonstrates active efforts on the part of the worker towards:
 - a. Use of services that are culturally appropriate
 - b. Diligent search including extended family and absent parent
 - c. Two way communication with the family
 - d. Seeking information on other services the family (including the adoptive family) is receiving for the purpose of connecting providers and eliminating duplicative services

Evaluate Services

Continuous gathering of information throughout the life of a case to evaluate the child, youth, and family's engagement with, and progress toward their treatment objectives, and to determine if the services being provided are efficient, effective, and moving toward a positive outcome.

Evaluate Services Phase

During this phase, staff actively engage with the family and providers to gather information, on a continual basis, regarding the child, youth, and family's progress toward the successful achievement of service plan goals. Services are evaluated for effectiveness and cultural responsiveness. Observable and measurable changes are documented until enough information is gathered for the department to make a final decision regarding the safety, permanency, and well-being of the child or youth.

Evaluate Services Indicators:

1. Contacts include ongoing assessment of safety, risk, and impact of service plan, demonstration of the review is indicated by benchmarks/goals/objectives being current and plans being adjusted based on on-going reviews.
2. 90 day reviews result in plan adjustments when deemed appropriate and if needed
3. Documentation of contacts reflects monitoring of plans at meetings/visits as described above
4. Evaluation of progress or barriers to progress is a team review process, including contacts with the family, child, youth, and providers that elicit information related to goals and objectives of the plan. Evaluation includes case contacts, 90-day reviews, and provider reports that describe progress towards goals and objectives. Evaluation of progress includes consideration of "why" there has been progress or lack of progress and development of appropriate next steps based on the monitoring of the plan.
5. Review of a case record for a child in care would clearly demonstrate the following:
 - a. Documentation that diligent search is being performed at intake and throughout the case.
 - b. Visitation with parents and siblings facilitates implementation of the permanency plan
 - c. Ongoing assessment of the provider's ability to meet the child's needs
 - d. Steps are being taken toward permanency and/or reunification
 - e. Concurrent planning toward permanency and reunification is demonstrated

- f. Decisions are documented as to why a child was/was not placed with kin
 - g. Decisions are reviewed and approved by supervisor or team
6. The county has and follows a protocol regarding case transitions or transfers and all relevant parties are involved, resulting in no gaps or delays in services.

Case Closure

Safety, permanency, and well-being of the child or youth have been achieved and there is no longer a need for ongoing services. An ongoing support plan is created so that the family can be engaged in community supports. A decision is made to end our formal involvement and the client is no longer served by the child welfare system.

Case Closure Phase

This phase begins when it has been determined that risk and safety concerns have been mitigated and the family has been connected to the community for support and possible services. It includes a final evaluation of the child, youth and family's ability to maintain safety, permanency, and well-being while supporting their transition to external resources and support. It ends with the closure of all child welfare/tribal case involvement, including completion of all case documentation by the caseworker and supervisor.

Case Closure Indicators:

1. The child, youth, family, and provider are all involved in the decision making process to close the case. The closing decision is based upon a review of risk/safety assessments, sufficient completion of the case plan, and the mitigation of safety concerns.
2. A closure process occurs when the caseworker and family discuss closure including a discussion of the resources and supports available to the family and complete information as to how to access and utilize the resources and supports
3. Case closure occurs in TRAILS with all documentation complete in a timely manner

Desired Outcomes of the Practice Model

As a result of the development, implementation, monitoring, and continuous improvement of the Colorado practice model, the following outcomes are expected to occur:

FOR CHILDREN, YOUTH, AND FAMILIES:

- Children and youth remain safely at home.
- Safety, permanence, and well being for children and youth are achieved using family engagement practices.
- Families, including relatives and other kin, are engaged in the actions necessary to assure their children/youth's safety, permanence, and well being.
- Families are strengthened, empowered and have the skills and knowledge to access community resources resulting in positive exits from the child welfare system. In addition, families will see the system as a supportive resource.
- Families will receive quality, evidence informed services based on their individual needs. Casework practice will reflect values described in the practice model resulting in children, youth, and families being safe in their own home or in out of home care. Quality practice will be administered consistently across the state.
- Services are restorative, resulting in healing for families and empowering children, youth, and families to achieve their goals and dreams.

Children, Youth, and Family Outcome Measures

- Rate of children removed (new removals) per 1000 population

- Children in care less than 12 months 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
- Children who have been in foster care between 12 and 24 months from the time of the latest removal from home have had no more than 2 placement settings
- Children who have been in foster care more than 24 months from the time of the latest removal from home have had no more than 2 placement settings
- Reunifications (reunification, living with other relative) occurred within 12 months of the date of removal.
- Median Length of Stay for Reunifications
- All children closed in case. Exclude children closed with Runaway and transfer to another agency should be excluded. Permanency options are: Remain home, never removed, reunification, adoption, relative/guardians, and emancipation.
- Of all children who either (1) were, prior to their 18th birthday, discharged from foster care in FY with a discharge reason of emancipation, or (2) reached their 18th birthday in FY while in foster care, what percent were in foster care for 3 years or longer?
- Children who were legally free and discharged to permanency prior to 18th birthday – permanency is any removal outcome other than emancipation.
- Children in Foster Care for 24+ months exit to permanency prior to 18th birthday.
- Percentage of children who have been in care for more than 24 months.
- Adoption finalizations occur within 24 months of date of removal

- Median months to achieve finalization
- Children freed for adoption will be adopted within 12 months of termination.
- Children reunified during date range who do re-enter OOH care within 12 months. And 24 months.
- Children with founded intra-familial A/N - % that have subsequent founded A/N within 6 months.
- PA5 Children served in a case, what % had a founded allegation of A/N within 6 months of case closure.
- All children in OOH, what percent have founded institutional A/N while in care.
- All children in uncertified Kinship care, what percent have founded A/N while in care with that provider?
- "Children closed in a case (excluding adoptions and Emancipations) - % that had subsequent case (open for at least 60 days) within 1 year.
- % of children who start as remain home who stay home. Defined as children who are not in placement as of day 30 from case open – what percent are able remain in home through duration of case. Uses closed children in cases during reporting period

FOR CHILD WELFARE STAFF

- Staff holds the safety of children and youth as paramount as they perform their job functions.
- Child welfare staff will perform their duties with an understanding of protocol and practices gained through training and supervision and have the resources, tools, and workload to perform effectively.
- Supervisors will have a model of practice to support them as they develop staff and oversee work.

- Caseworkers feel empowered, supported, safe, and valued as they perform their jobs

Child Welfare Staff Outcome Measures (to be developed)

FOR THE CHILD WELFARE SYSTEM AND THE COMMUNITIES IT SERVES

- The child welfare system will self assess, self correct, and have effective communication, demonstrating a state-county partnership and unified system with singular message. Good practice occurring in counties will be replicated in other parts of the state.
- Out of home placements are reduced and the number of children safely maintained in their home is increased.
- Practice and system change are data informed and quality assurance driven and there is sufficient support for each county resulting in consistency and maximum effectiveness for each county. Counties will have the ability to emphasize prevention work in order to achieve the vision.
- The public view of the child welfare system is improved and the public is informed as to the good work that happens. The roles and responsibilities of the child welfare system are clear to the public, partners, and stakeholders.
- The child welfare system engages other systems and the community in protecting its children.
- All children, youth, and families experience assessment, service planning, and service delivery in an equitable, culturally responsive manner that supports positive outcomes. Data reflects no disproportionate outcomes or disparate treatment of those involved with Colorado's child welfare system.

Child Welfare System Outcome Measures (same as Children, Youth, and Family Outcome Measures)

Glossary of Terms for the Colorado Practice Model

Terms defined specifically by the Practice Model Workgroup for the purposes of their work:

Consistency in practice

- For the purpose of the practice model design workgroup, it was agreed that consistency across the state would result from practices based in a shared set of vision, mission, values and principles, standards, and desired outcomes.

Child welfare system

- **The internal system** includes county and state child welfare staff and administrators/managers at the state and county level. Additional individuals who are considered part of the “internal system,” include those involved in strategic support functions that directly impact the internal work of the organization; these include human resources, information technology, quality assurance, field administration and training.
- **The child welfare system as a whole** is a broad and inclusive list of partners and stakeholders that impact outcomes for children, youth, and families in the community. It is hoped that this practice model will inspire holistic practice that includes improved partnerships with all of these system members.

Culturally competent or responsive

- Understanding and responding to children, youth, and families within the context of their unique beliefs, values, race, ethnicity, history, religion, language, educational level, sexual orientation and economic status.

Data informed

- Data is defined as individual facts, statistics or items of information. For the purposes of the practice model workgroup, data is broadly defined and could include but is not limited to data from automated reporting systems, statistics and reports, direct observations, interviews, self-reports, research, surveys and case or record reviews. It is recommended that data will be the foundation for decision making and planning.

Family

- A group of two or more persons related by birth, marriage, adoption, or emotional ties (ACF Information Gateway).

Mission

- A statement of what an organization does to help contribute to making the vision comes true. The mission statement helps an organization communicate its purpose and stay focused as it makes decisions.

Outcomes

- The purpose of public child welfare is to improve outcomes for the target population for whom public child welfare has the primary responsibility. Outcomes are not simply statistics, but are observable measures of how lives change based on an interaction with the public child welfare agency.

Practice Indicators Defined:

- A measurable value defined within a practice model
 - Quality not compliance
 - Clear
 - Realistic
 - Data available
 - Easily explained

Restorative

- Activities, services, or interventions that are healing or recuperative, with the goal of strengthening and returning an individual to an original positive state of being.

Standards of Practice

- Specific and observable standards to support a continuum of services that meets the needs of children, youth, families and communities the public child welfare system serves. Standards should be based on accepted theory and research and support achievement of desired outcomes. Standards within a child welfare practice model should be a baseline for how hiring, training, and employee performance management occurs for an organization.

Values

- A set of philosophical approaches that an organization uses to perform its work. Values let employees and stakeholders know the underlying beliefs of the organization and behaviors that are expected throughout the organization.

Vision

- A statement of a desired future state for an organization or society at large.

General terms

Concurrent planning

- A case planning approach that involves considering all reasonable options for permanency at the earliest possible point following a child's entry into foster care and simultaneously pursuing those that will best serve the child's needs. Typically, the primary plan is reunification with the child's family of origin. This primary plan and an alternative permanency goal are pursued at the same time, with full knowledge of all case participants. Concurrent planning seeks to eliminate delays in attaining permanency for children and youth (ACF Information Gateway).

Evidence informed

- Evidence-based practice Involves identifying, assessing, and implementing strategies that are supported by scientific research as being effective in improving outcomes for children and families. In child welfare practice, evidence-based practices are those that have strong research design, evidence of significant positive effects, sustained effects, and capacity for replication (ACF Information Gateway).

Implementation

- A specified set of activities designed to put into practice a policy, activity, or program of known dimensions. Implementation processes are purposeful and defined in sufficient detail such that independent observers can detect the presence and strength of these “specified activities” (National Implementation Research Network).

Permanency

- Permanency is the result of creating a lasting connection for a child or youth with at least one committed adult who provides:
 - A safe, stable, and secure parental relationship;
 - Unconditional love;
 - Ongoing commitment; and,
 - Lifelong support.

This may be accomplished through reunification with biological parents, adoption or guardianship. For emancipated young adults this may be accomplished through an adult willing to make a lifelong commitment. All should include the opportunity for the child/youth/young adult to maintain contacts with siblings and people they find important to their lives.

Quality assurance driven

- The processes and measures an organization uses to determine that its products or services measure up to the standards established for them. In child welfare agencies, quality assurance programs may contain one or more of the following components: a client information/data system, a peer review system, and a case record review system. All State child welfare agencies are required to develop and implement standards to ensure that children in foster care are provided quality services that protect the safety and health of the children. They are also required to operate an identifiable quality assurance system that evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures (ACF Information Gateway).

Stakeholders

- Any party interested in public child welfare. Includes the following but is not limited to: advocates, community, courts (national/state/local), federal government, general public, juvenile justice, legislature, media, mental health providers, national associations, national organizations, non-profit providers, other public agencies and systems (e.g. education, TANF, food stamps), police/law enforcement, private providers, substance abuse providers, tribes, universities. The definition of stakeholders does not include children, youth, families, kin, caregivers or staff (Positioning Public Child Welfare Guidance, APHSA).

Triage

- A system of dealing with cases according to priority guidelines intended to maximize success (Webster's Dictionary).

Colorado State Department of Human Services (CDHS):

- The CDHS consists of numerous divisions that administer a broad range of child serving programs. Divisions include: Developmental Disabilities, Youth Corrections, Behavioral Health and Child Welfare. CDHS also has the responsibility for additional children, youth and family services and programs including: aging and adult, veterans, child care licensing, and public assistance programs (with the exception of Medicaid) for the state of Colorado (Adapted from CDHS 2009 Statewide Assessment).

Colorado Division of Child Welfare Services:

- The Colorado Division of Child Welfare Services maintains responsibility for all services delivered by county departments intended to protect children from harm and to assist families in caring for and protecting their children. The delivery of child welfare services in Colorado is through a state-supervised, county administered system. State supervision includes planning, program and policy development, training and monitoring the system. Direct supervision of state and administration of child welfare services is the responsibility of counties. (CDHS 2009 Statewide Assessment).

County Departments of Human/Social Services:

- Colorado operates a state-supervised, county-administered social services system. 64 county departments of human/social services administer all protective services through child and family services divisions/departments. There are 10 large counties, 23 mid-sized counties and 31 small counties (Adapted from CDHS 2009 Child and Family Services Plan).

Tribal Departments of Human/Social Services:

- The Ute Mountain Ute Indian Tribe and the Southern Ute Indian Tribe each have their own department of social services, through which they provide service to tribal members and any other eligible children, youth, families, and individuals. These agencies are independent from the Colorado Department of Human Services.

*The Practice Model Design Workgroup, 13 CPM Cohort 1 Counties and the Southern Ute Nation developed this Practice Model over a seven-day session. Thirty-two child welfare professionals (State and county), stakeholders, and consumers worked together to craft this model. In addition, county child welfare staffs were provided the opportunity to give feedback on the model and their feedback was incorporated into this third version of the model. Thanks to all who participated in this difficult effort.