Child Welfare Incentive Template

FY 2018-19 County Incentives Program

# County Contacts:

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| County: Choose Your County | Email: Click here to enter text. |
| County Contact(s): Click here to enter text. | Phone: Click here to enter text. |

# Collaboration Meeting Quarter and Date(s):

# Select Quarter: Select a Quarter

## Meeting Date(s): Enter Meeting Date

# Child Welfare Meeting Goals:

Please list the 2-3 goals the county and the partner attendees would like to accomplish over the next year to improve members’ access to care:

## 1. Enter Goal 1

## 2. Enter Goal 2

## 3. Enter Goal 3

# Supporting Documentation:

*Please note all three supporting attachments – Agenda, Minutes, Sign-in Sheets, are required.*

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| Agenda Minutes Sign-in Sheet Other: Please Describe |

# Required and Optional Partner Attendees:

*Please check all partner attendees that were invited to the county’s child welfare quarterly collaboration meetings*

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| Required Child Welfare Quarterly Collaboration Partners | |
| Representative from the Collaborative Management Program  Representative from the county’s child welfare staff  Representative from the Division of Youth Services (or local correctional representative if no DYS representative is available) | Representative from the Regional Accountable Entity  Representative from the county’s eligibility staff |
| Optional Child Welfare Quarterly Collaboration Partners | |
| Representative from Dependency & Neglect System Reform (DANCR)  Representative from Multisystemic Therapy (MST)  Other: Please Describe | Representative from Healthy Communities  Representative from Family Resource Centers |

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| Please provide a narrative below and documentation if any required partner was unable to attend the county’s child welfare quarterly collaboration meetings: Enter Any Additional Information Here |

## Department Contacts:

County Relations

[HCPFCountyRelations@state.co.us](mailto:HCPFCountyRelations@state.co.us)

[Colorado.gov/hcpf/county-admin](http://www.Colorado.gov/hcpf/county-admin)