Collaborative Management Program Handbook

Revised by the Onboarding Subcommittee 2025*

Published July 1, 2025*

Table of Contents

Chapter 1: Introduction to the Collaborative Management Program

In 2004, a group of Colorado State Legislators established the Collaborative Management Program (CMP) to encourage and incentivize collaboration on behalf of children, youth, and families who are involved in multiple systems. The Collaborative Management Program statute and rule are Colorado Revised Statutes (C.R.S.) 24-1.9-101 to 105 and Section 12 Code of Colorado Regulations (C.C.R.) 2509-4-7.303.3 to .36.

Also known as House Bill 04-1451, the CMP defined a county-level framework for collaboration whereby mandated partners must develop a Memorandum of Understanding and create an Interagency Oversight Group (IOG). According to C.R.S. 24-1.9-102(1)(a), these mandated partners* include the following local agencies:

1. County Department of Human/Social Services
2. Judicial District Probation Department
3. Judicial District Court
4. Health Department
5. School District(s)
6. Comprehensive Behavioral Health Safety Net Provider
7. Behavioral Health Administrative Service Organization
8. Division of Youth Services
9. Managed Care Entity
10. Domestic Violence Program, if available

The goals of CMP as established in the original legislation (C.R.S. 24-1.9-101(3)(a)) include:

- The development of a more uniform system of collaborative management that includes the input, expertise, and active participation of parent advocacy or family advocacy organizations
- reduce duplication and eliminate fragmentation of services;
- increase the quality, appropriateness, and effectiveness of services provided;
- encourage cost-sharing among service providers;
- and ultimately lead to better outcomes and cost-reduction for the services provided to children and families in the state of Colorado.

and rule (12 CCR 2509 Section 7.303.3):

The goals of the Collaborative Management Program include:

A. Reducing duplication and fragmentation of services to children, youth, and/or families who would benefit from integrated multi-agency services or approach;
B. Increasing the quality, appropriateness, and effectiveness of services provided to children, youth or families who would benefit from integrated multi-agency services or approach; and,
C. Encouraging cost sharing among service providers.

The legislation reflects the Systems of Care philosophy, which has had a significant influence on social service systems reform in Colorado. In the social service arena, core elements of the Systems of Care philosophy, including community collaboration, family involvement in service planning and delivery, and culturally competent services tailored to the unique needs of different populations, have broadened interagency collaborative efforts and decision-making processes to include community representatives. Community collaboration, family involvement, and the emphasis on cultural competence have engaged stakeholders outside of state government in consensus-oriented efforts to manage public resources and solve problems through collective processes of public policy and procedure development and implementation. In part, community collaboration has become a hallmark of social services reform in Colorado due to research that has indicated that it can be an effective method for engaging various disciplines to address issues that have multiple causes and solutions.

In 2014, the Colorado Office of the State Auditor audited the Colorado Department of Human Services, Child Welfare, including the Collaborative Management Program (CMP). A copy of the audit can be found here, with the CMP section starting on page 174. The audit identified that CDHS lacked processes to ensure that the local CMP sites were accomplishing the intent of the program. The recommendations and subsequent changes impacted how the CMP operated statewide. These changes included improvements to the MOU templates and collection processes, the development of standard performance measures, the establishment of a monitoring process, and the revision of the allocation methodology. Also, as a result of the audit, new rule was established that included defining Prevention Programs. In 2023, HB23-1249 was passed, removing the performance measures mentioned above.

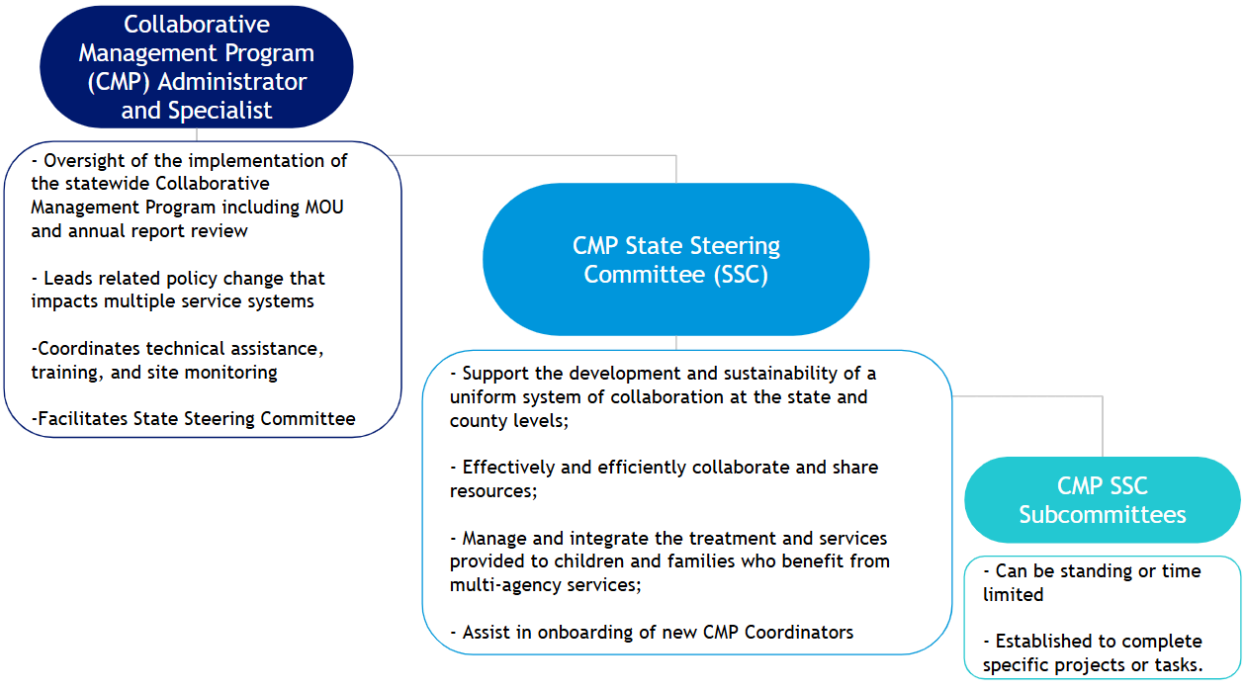
This handbook was developed to provide in-depth information on the CMP initiative. It offers answers to frequently asked questions such as:

- Where do I start as a new CMP Coordinator or site?
- What can I give my partners to explain the components of CMP?
- If I am interested, how do I know if this is a good fit for our community?

The Onboarding Subcommittee of the CMP State Steering Committee created this Handbook for CMP Coordinators, IOG members, ISST members, heads of agencies, family partners, community and non-profit partners, legislators, and educators interested in collaborative initiatives. Since 2004, the initiative has evolved and many successes and valuable lessons have been learned. This handbook provides a tool to support the development of new and innovative practices. Any text that is blue and underlined is a link that you can click on!

Chapter 2: Administrative Structure

At the state level, the Collaborative Management Program (CMP) is part of the Division of Community Programs (DCP), which is under the Office of Children, Youth, and Families (OCYF) in the Colorado Department of Human Services (CDHS). The CMP Administrator is supervised by the Director of the Division of Community Programs and the CMP Specialist is supervised by the CMP Administrator.*



The CMP State Steering Committee (SSC) originally consisted of two groups; one for state partners and one for county partners. The combined SSC was formed per county request and state agency agreement in the first year of the Program. Family representation was added in the first year of the Program. The purpose of family representation is to provide family voice(s) directly into the conduct of the Program and to support and encourage the addition of family voice(s) to the local Interagency Oversight Groups (IOGs). The addition of family members and other partners needs to

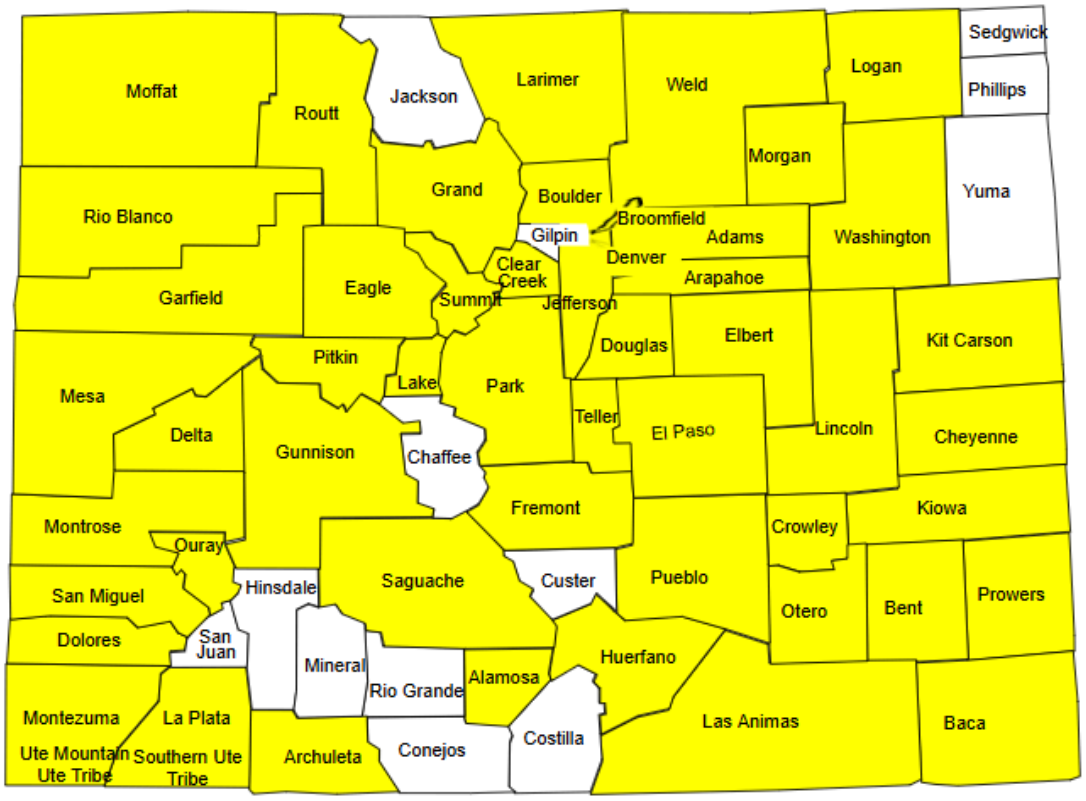
be accompanied by the training offered to the IOGs and family participants to create a positive, productive, and supportive environment.

The purpose of the Collaborative Management Program (CMP) Statewide Steering Committee is to support the development and sustainability of a uniform system of collaboration at the state and county levels; to effectively and efficiently collaborate and share resources; to manage and integrate the treatment and services provided to children and families who benefit from multi-agency services; and assist in the onboarding of new CMP Coordinators.

The State Steering Committee (SSC) may establish subcommittees to complete specific projects or tasks. Subcommittees have a CMP Coordinator Chair or CMP Coordinator Co-Chairs and are asked to report out at each State Steering Committee meeting. Some examples of long-standing SSC subcommittees include Family Voice and Choice, Evaluation, and Onboarding. Examples of time-limited subcommittees include the MOU/Annual Report subcommittee. CMP Coordinators, IOG members, and state-level partners are encouraged to join subcommittees. If you are interested in joining a subcommittee, you can learn more about existing subcommittees and sign up here and email the Chair about your involvement.

There are 51 CMP sites across the state of Colorado.*

2024-2025 SFY CMP Participating Counties



Chapter 3: CMP Best Practices & Getting Started

Legislative Goals of the Collaborative Management Program (CMP):

1. Develop a more uniform system of collaborative management that includes the input, expertise, and active participation of parent advocacy or family advocacy organizations.

2. Reduce duplication and eliminate fragmentation of services provided to children or families who would benefit from integrated multi-agency services.

3. Increase the quality, appropriateness, and effectiveness of services delivered to children or families who would benefit from integrated multi-agency services.

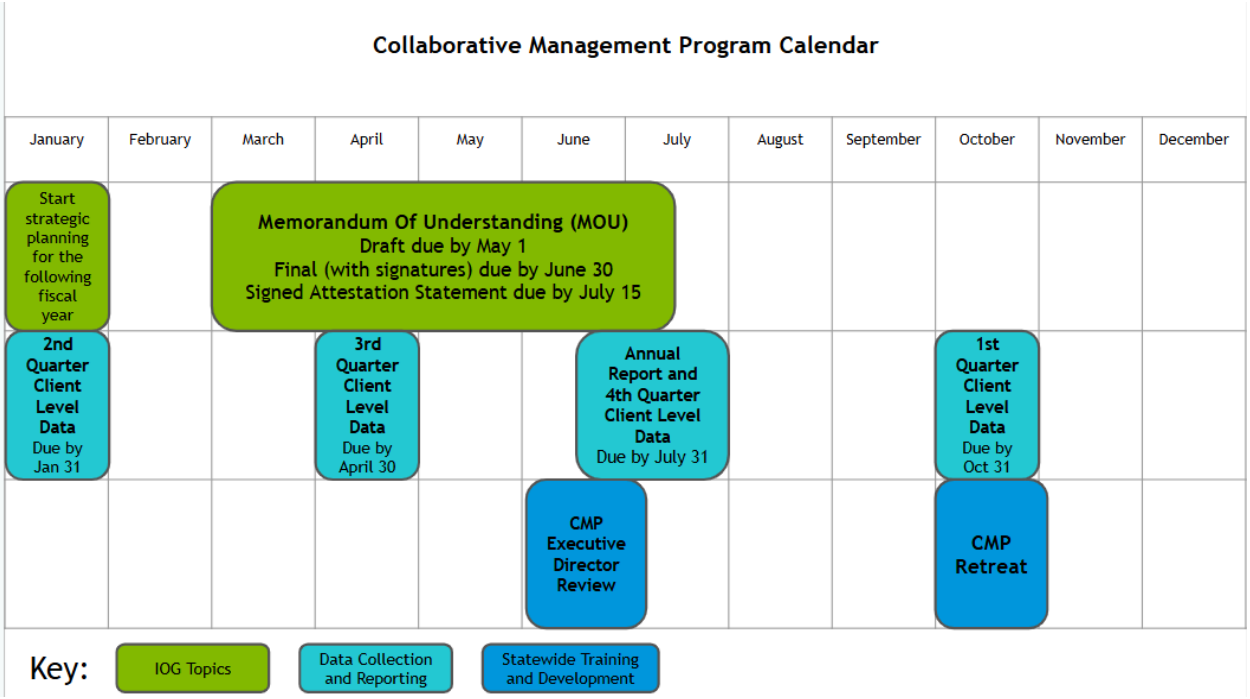
4. Encourage cost sharing among service providers.

5. Ultimately lead to better outcomes and cost-reduction for the services provided to children and families in the state of Colorado.

Getting started with CMP can be overwhelming. Use the CMP Administrator, other CMP Coordinators, CMP statute and rule, and this handbook to help guide you. Throughout this handbook, look for tables like the one below. The goal of these tables is to clarify the expectations of CMP sites and Coordinators. Please refer to the CMP Coordinator Resource Hub for additional resources regarding promising practices related to collaborative management.

Bare Minimum	Best Practice	Exceeding Expectations
You are required to…	You are encouraged to…	You are welcome to…

Below is a calendar of important dates and timelines for the Collaborative Management Program.


Collaborative Management Program Calendar
January
February
March
April
May
June
July
August
September
October
November
December
Start strategic planning for the following fiscal year
Memorandum Of Understanding (MOU)
Draft due by May 1
Final (with signatures) due by June 30
Signed Attestation Statement due by July 15
2nd Quarter Client Level Data
Due by Jan 31
3rd Quarter Client Level Data
Due by April 30
Annual Report and 4th Quarter Client Level Data
Due by July 31
1st Quarter Client Level Data
Due by Oct 31
CMP Executive Director Review
CMP Retreat
Key:
IOG Topics
Data Collection and Reporting
Statewide Training and Development

New Coordinator's Checklist

- ☐ Read Collaborative Management Program legislation and Code of Colorado Regulations (CCR) to know and implement mandates (Colorado Revised Statutes (C.R.S.) 24-1.9-101 to 105 and Section 12 CCR 2509-4-7.303.3 to .36).
- ☐ Access the CMP Handbook and Coordinator Resource Hub frequently for information and best practice documentation examples.
- ☐ Meet with Interagency Oversight Group (IOG) members
  - ☐ Meet with the IOG Leadership first
  - ☐ Discuss challenges/expectations (Interview Questionnaire)
  - ☐ Discuss and set up IOG meetings (times & dates distributed to members)
- ☐ Prepare for the next IOG meeting
  - ☐ Gather historical information, including agendas and minutes
  - ☐ Reference Chapter 4: IOG for suggested agenda topics
  - ☐ Meet with the IOG Chair to prepare for the IOG and determine the agenda
  - ☐ Check in with subcommittees, if applicable
  - ☐ Send the agenda to partners one week in advance of the meeting
  - ☐ Send minutes of each IOG meeting to all IOG members with reminders of all upcoming meetings
- ☐ Participate in the CMP State Steering Committee and CMP Retreat, and reference the CMP Monthly Newsletter for other helpful meetings as applicable
- ☐ Meet with the CMP Administrator to receive onboarding and training regarding:
  - ☐ CMP Orientation
  - ☐ CMP Data Entry and Annual Report Process (see Chapter 7 for reference)
  - ☐ MOU Procedures, including process measures (see Chapter 4 for reference)
- ☐ Implement a process for gathering MOU information and signatures – begin this process at least three months prior to the due date, June 30.

- ☐ Establish timelines for gathering data for the Annual Report – begin this process at least three months prior to the due date, July 31.
- ☐ Determine your county's CMP Annual Continuous Quality Improvement (CQI) process and implement it. This process will highlight gaps in services for families and youth who need assistance from multiple agencies. Problem-solving and goal-setting should follow to meet these needs.

Chapter 4: Interagency Oversight Group

Statute and Rule References

C.R.S. 24-1.9-102(1)(a) Local representatives of each of the agencies specified in this subsection (1)(a) and county departments of human or social services may enter into memorandums of understanding that are designed to promote a collaborative system of local-level interagency oversight groups and individualized service and support teams to coordinate and manage the provision of services to children and families who would benefit from integrated multi-agency services. The memorandums of understanding entered into pursuant to this subsection (1) must be between interested county departments of human or social services and local representatives of each of the following agencies or entities:

1. Judicial District Probation Department
2. Judicial District Court
3. Health Department
4. School District(s)
5. Comprehensive Behavioral Health Safety Net Provider
6. Behavioral Health Administrative Service Organization
7. Division of Youth Services
8. Managed Care Entity
9. Domestic Violence Program, if available

(a.5) In addition to the parties specified in subsection (1)(a) of this section, the memorandums of understanding entered into pursuant to this subsection (1) may include family resource centers created pursuant to part 1 of article 3 of title 26.5.

C.R.S. 24-1.9-102(2)(d) Creation of an oversight group. (amended May 2023) The memorandum of understanding must create a local-level interagency oversight group and identify the oversight group's membership requirements, procedures for

selection of officers, procedures for resolving disputes by a majority vote of those members authorized to vote, and procedures for establishing any necessary subcommittees of the interagency oversight group. Each interagency oversight group must include a local representative of each party to the memorandum of understanding specified in subsections (1)(a) and (1)(a.5) of this section, each of whom is a voting member of the interagency oversight group. In addition, the interagency oversight group may include, but is not limited to, the following advisory nonvoting members:

(I) Representatives of interested local private sector entities; and

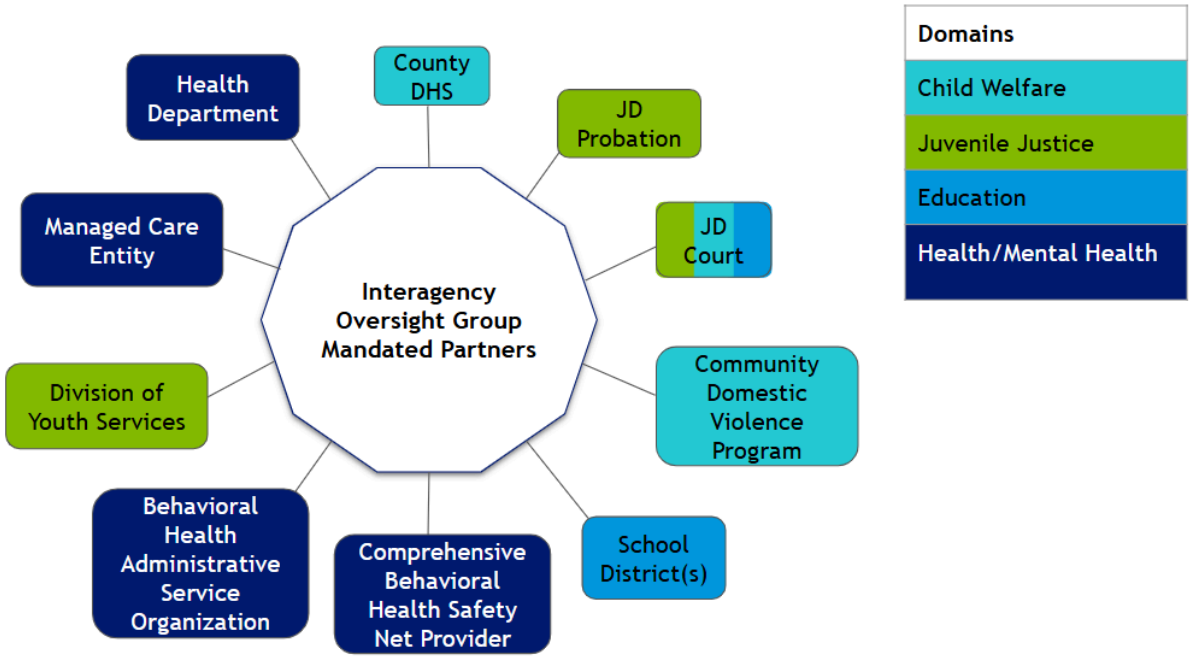
(II) Family members or caregivers of children who would benefit from integrated multi-agency services or current or previous consumers of integrated multi-agency services.

(III) Representatives or practitioners from local, regional, or statewide restorative justice programs.

Section 12 CCR 2509-4-7.303.33(A) Interagency Oversight Group (IOG)

A system of inter-agency oversight will be developed in the MOU through the creation of an Interagency Oversight Group (IOG). Each IOG must include a local representative of each party to the MOU, each of whom shall be a voting member of the IOG. In addition, the IOG may include advisory members.

1. The MOU shall define the following components of the IOG:
    a. membership requirements;
    b. the status of each party as a voting member or advisory member;
    c. procedures for election of officers;
    d. procedures for resolving disputes by a majority vote of voting members; and,
    e. procedures for the development of subcommittee groups.
2. These components shall be maintained in each IOG's by-laws or procedure guide.



Interagency Oversight Group (IOG)		
Bare Minimum	**Best Practice**	**Exceeding Expectations**
• 10 mandated, voting IOG members • Draft MOU submitted by May 1st • Signed MOU submitted by June 30th • IOG meets at least quarterly • Develop IOG by-laws that are reviewed annually to address	• Adding non-mandated partners to the IOG that contribute to the collaborative process • IOG meets at least 6 times a year • Family and Youth Voice represented at the IOG • CQI Process annually • IOG meetings have a written agenda and	• MOU and IOG By-laws go through multiple rounds of review before submission on June 30th • IOG meets monthly • IOG Subcommittees or Workgroups tackle specific tasks or challenges • Family and Youth

Section 12 CCR 2509-4-7.303.33(A)	materials that are distributed in advance of the meetings • IOG actively collaborates to remove systemic barriers to families trying to access appropriate services • IOG ensures the Coordinator has support from its members in administering the CMP program	representatives are voting, paid members of the IOG • Discuss CQI at every IOG meeting • IOG Chair takes an active role in managing and facilitating the IOG meeting

IOG Member Interview

It is recommended that information be gathered through a semi-formal interview process in which the sample questions below can be used as a guide to engage the member in further discussion. Input from members in new CMP counties may indicate gaps that need to be addressed by the IOG and the coordinator.

Each community and its partners will be at varying stages of readiness concerning collaboration. It is recommended that mandatory MOU partners be given an opportunity to provide input on the collaborative process and structure of the county's CMP. This questionnaire can be used to facilitate the discussion with each partner.

Non-Mandated Partners

Non-mandated IOG partners are not required. Non-mandated partners can be voting or non-voting members of the IOG. Their voting status should be noted in the MOU in

the Non-Mandated Partners section. Non-mandated partners can not be added to the MOU in the middle of the fiscal year and must sign the MOU like the mandated partners. Common non-mandated partners include Family and/or Youth Representatives, local Judicial District (JD) Colorado Youth Detention Continuum (CYDC), and local Family Resource Centers (FRC) or other family-serving organizations.

Non-mandated partners are chosen by the mandated IOG partners in collaboration with the CMP Coordinator. Non-mandated partners should align with the local IOG's collaborative processes (ISSTs and Prevention Programs). If a CMP site would like to add non-mandated partners, add the topic to the IOG agenda for discussion. Provide reasoning for how this non-mandated partner would align with the IOG and discuss if they would be a voting or non-voting member. If the IOG would like to move forward with adding the organization as a non-mandated partner, the IOG Chair or Executive Committee and CMP Coordinator can reach out to the leadership at the said organization for an introduction to CMP. Finally, a process to add membership should be included in the CMP site bylaws.

Start with educating the possible non-mandated partner about the CMP statute, rule, MOU, and local collaborative processes. Give the partner time to ask questions or invite them to observe an IOG and/or ISST. If the IOG and a possible partner are in agreement to add the organization to the IOG, as them as a non-mandated partner in the next MOU.

IOG Agenda

Please find IOG agenda examples here. The following should be reported and discussed at every IOG meeting:

- Chosen CMP process measures
- Local CMP ISST (and Prevention Program) data

- Local CMP Budget
- Continuous Quality Improvement (CQI)
- Discuss any identified barriers to collaboration
- Subcommittee updates (if applicable)

Continuous Quality Improvement (CQI)

The Essential Guide to Continuous Quality Improvement

Where Data Serves People: Benefits of the Continuous Quality Improvement Approach

Board Management

Robert's Rules of Order and other board management resources

Memorandum of Understanding (MOU)

Statute and Rule References: C.R.S. 24-1.9-102 and Section 12 CCR 2509-4-7.303.32-33

An MOU draft for the following state fiscal year is due to CDHS by May 1st of each year for review and feedback. The final MOU with signatures is due to CDHS by June 30th. Any MOU received after that date will not be accepted and will result in a loss of funding for the next fiscal year. Each CMP site that meets the criteria will receive a signed letter of acceptance from the state department approving the MOU for the next fiscal year within fifteen (15) days of such approval. After receipt of the letter of acceptance a signed attestation statement must be submitted to CDHS by July 15th.

CMP sites will be provided with guidance/instructions for the completion of the MOU established by the state department to help in the completion of the MOU process.

The MOU template, instructions, and other supplemental documents can be found in this folder.* The MOU template is provided for the following fiscal year as a Word document by March 1st of each year.* MOU signatures may be wet signatures or verified digital signatures (signatures collected through DocuSign, Adobe Pro, SignNow, etc.).CDHS will not accept an MOU signed by typing in cursive.

MOU Amendments

Changes to mandated partners, bylaws, ISST descriptions, or Prevention Program descriptions can be made to the MOU during the fiscal year. If anything is changed within the MOU, the MOU must be updated and will need all new signatures, and it must be accepted by the state. Process measures can not be changed throughout the fiscal year because data must be collected for a full year. All MOU amendments must be fully executed and submitted to the CMP Administrator by the last working day of February. MOU amendments will not be accepted after this date.

Process Measures

CMP sites choose at least three process measures they will strive to meet in the MOU.

1. Interagency Oversight Group (IOG) meeting attendance.
   Measure: IOG members will be in attendance at 75% of all IOG meetings held within a fiscal year. Sign-in sheets and meeting minutes will confirm attendance.
2. Family agency/organization or member participation on the IOG as a voting member.
   Measure: A voting family agency/organization or member will be in attendance at 50% of all IOG meetings held within the fiscal year. Sign-in sheets and meeting minutes will confirm attendance.
3. Seventy-five percent (75%) of the agencies contribute resources at the service level, either in-kind or actual monies.

Measure: CMP site MOUs will show that 75% of the agencies listed in the Funding Sources Resource Table are contributing either in-kind or actual monies.

4. Use of Evidence-Based or Evidence-Informed Practices.
   Measure: At least one evidence-based or evidence-informed practice will be utilized under the IOG, as reflected in the annual report.
5. Process of Continuous Quality Improvement used by the IOG.
   Measure: IOG will meet no less than quarterly. IOG meeting minutes will reflect that continuous quality improvement practices were used to inform and improve efforts at least annually.
6. Evidence of cost-sharing among IOG members.
   Measure: Cost-sharing will be reflected in the expenditures section of the annual report. The annual report will require a description of how evidence of cost-sharing will be demonstrated, including one (or more) of the following definitions:
   - Described through the ISST or Prevention Program in the MOU (structure of the program itself)
     - Documentation: MOU Appendix that describes the ISST and/or Prevention Program
   - Documented at the client level, including supporting documentation (ISSP or client file)
     - Documentation: Client-level data entry
   - In-kind and personnel
     - Documentation: Table of Resource Pooling, Interagency Oversight Group (IOG) Minutes, or client files, including Individual Service and Support Team (ISST) plans or reports

Process Measures

Bare Minimum	Best Practice	Exceeding Expectations
• Strive to meet at least 3 CMP Process Measures	• Strive to meet all 6 CMP Process Measures	• Meet all 6 CMP Process Measures

Choosing Process Measures

CMP sites should choose process measures that are meaningful to the local collaborative processes. There is no penalty for selecting but not meeting more than three process measures.

Performance Measures

Due to the passage of HB23-1249, performance measures were removed from the CMP statute. Although performance measures were required for the 23-24 MOU, they will no longer be a required component of the Collaborative Management Program.

Chapter 5: Individualized Service and Support Teams (ISSTs)

Statute and Rule References

C.R.S. 24-1.9-102(2)(e-f) (amended May 2023)

Establishment of collaborative management processes. The memorandum of understanding shall require the interagency oversight group to establish collaborative management processes to be utilized by individualized service and support teams authorized pursuant to paragraph (f) of this subsection (2) when providing services to children and families served by the parties to the memorandum of understanding.

(f) Authorization to create individualized service and support teams. The memorandum of understanding shall include authorization for the interagency oversight group to establish individualized service and support teams to develop a service and support plan and to provide services to children and families.

24-1.9-102.3. Duties of individualized services and support teams. (added May 2023)

Section 12 CCR 2509-4-7.303.33(b). Target Population

The CMP target population consists of at-risk children and youth ages birth through twenty-one (21) years of age and their families who would benefit from a multi-system approach or integrated service plan as defined in the MOU. Each MOU must include the population that will be served through the designated individualized service and support team (ISST) or multi-system involved team(s) and CMP prevention programs. Children and youth who are at-risk will be determined in accordance with parties to the MOU.

1. The ISST or multi-system involved team must include multiple disciplines in the delivery of services for the target population.

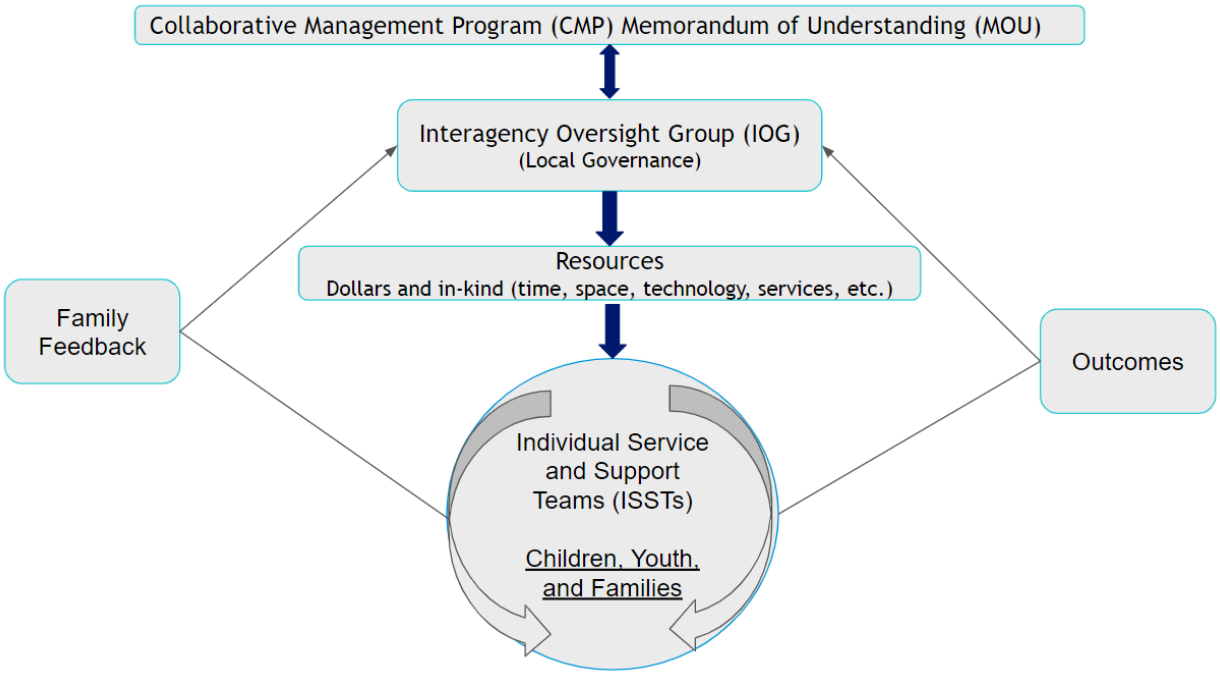
This chapter provides information about the goals, structure, and key activities of CMP Individual Service and Support Teams (ISSTs). The primary goal of an ISST meeting is to discuss the complex needs of the family in an open forum that will provide the family with a variety of options for services. At its core, an ISST is a multi-disciplinary assessment for the service team that focuses on needs identified by and inclusive of family members, to develop an integrated service plan for that child and family. ISSTs may draw upon models such as High Fidelity Wraparound and Family Group Decision Making. An ISST should be a family-friendly and family-focused team bringing together children (when age appropriate), parents/guardians, extended family, family support partners, community supports, and service agencies involved in the life of the family. ISST meetings are guided by principles in which the family members share their strengths, challenges, and support needs openly and without blame or shame.

Individual Service and Support Teams (ISSTs)		
Bare Minimum	**Best Practice**	**Exceeding Expectations**
• At least two MOU partners are present • At least one family member is present • An integrated plan is created • One ISST model per CMP site • At least one outcome must be tracked for any CMP client that was served through an ISST.	• Available, relevant MOU partners and community partners are present • Youth, parent/caregiver, and any other relevant family members are present • Facilitated by a neutral, trained facilitator • Creation/development of ISSTs based on target	• All relevant MOU partners and community providers are present • All family members and natural supports are present and lead/direct the conversation • Facilitated by a neutral, trained facilitator or a family member • Family or Youth Advocates (or Support

	population needs ● A family feedback process exists ● Multiple outcomes are tracked for any CMP client that was served through an ISST. ● The ISST is aligned with target population needs identified by the CMP site's MOU.	Partners) are utilized to ensure focus on the youth and family voice ● Cost-sharing is implemented as part of the integrated plan ● A family feedback process is implemented consistently to drive Continuous Quality Improvement

ISST Structures

The ISST team composition is determined by two factors: the service needs of the family and the support needs of the family. The service needs of the family are met through the engagement of appropriate partnering organizations, whereas the support needs of the family are met through the involvement of natural, community, and/or familial support units as requested by the family itself. ISST facilitation requires a specific set of skills and abilities. The ISST facilitator coordinates the meeting, invites appropriate individuals to attend, facilitates the meeting, allows time for all present to share, and writes up the final plan. The following figure depicts the ISST process and its relationship to other CMP structures and processes.



ISST Client Tracking

According to Operational Memo OM-DCP-2025-0001, "For those participants entered into Apricot, first name, last name, date of birth, gender, race/ethnicity, zip code, disability status, victim status, and referral source must be entered into the database. CMP sites are also required to collect and report data on CMP ISST clients' recommended services and a description of outcomes for children served, as well as a description of the services that were recommended but not provided, and a description of the barriers to providing such services." Use the Outcomes Measurement Guidebook to learn more about the required outcomes tracking.

To learn more about CMP data entry in Apricot (formerly ETO), reference the training options in this folder. Any data collected in Trails must be supplemented with the Trails Auxiliary Form. Starting in the 25-26 FY, all data must be tracked in Apricot, regardless of whether it was originally entered in Trails.*

ISST Information Sharing

The founding CMP legislation requires compliance with state and federal confidentiality laws and requires confirmation of such as part of the MOU. As such, personalized youth and family information can be shared within the context of an ISST only if a Release of Information (ROI) has been completed, allowing all the agencies/personnel present to access the information. The release of information must also include a reference to the CMP evaluation. For example, "Any information shared and gathered by this program prior to the expiration or revocation of this release may continue to be used by the program for statistical and program evaluation purposes." Sample ROIs are provided in this folder.

Cases can be discussed anonymously if an ROI has not been signed. However, the best and most effective practice is to have an ROI signed by the family prior to the ISST. Some local agencies may also require their own ROI, but the CMP ROI should always be completed first.

ISST Planning

The goal of an ISST meeting is to develop an action plan to address the complex issues and safety needs of the child(ren) and family. It is recommended that information in the plan include, but is not limited to, the following:

- tasks for which each individual/organization is responsible,
- financial responsibilities,
- timeline for completion, and
- schedule for follow-up meetings.

Chapter 6: Prevention Programs

Rule References*

***Prevention Programs are not referenced in the CMP statute.**

Section 12 CCR 2509-4-7.303.33(b)(2)
CMP prevention programs must demonstrate a multi-systemic approach. Programs must demonstrate in the MOU that multiple disciplines were involved in the development or enhancement of the program or that multiple agencies are involved in the delivery of the service.

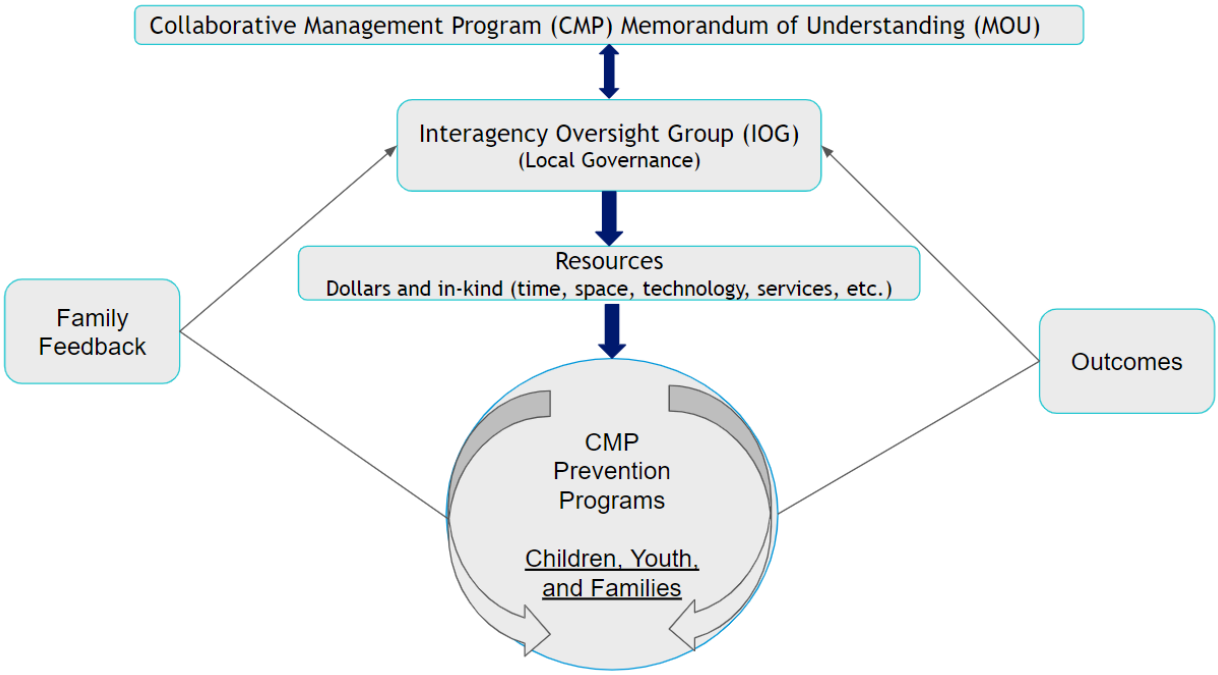
Prevention programs are not a requirement of CMP delivery. It is an optional portion of the program outlined in rule only. Prevention programs are different from ISSTs in practice and delivery. ISSTs are usually a type of meeting with family members and IOG partners to develop an integrated, individualized service and support plan. Prevention programs can be any program that serves children, youth, and families who are involved or at risk of being involved in multiple systems that are developed, enhanced, or delivered by the IOG partners. Prevention programs are mandated to meet one of the following: 1) multi-systemic approach; 2) multiple disciplines involved in the development or enhancement of the program; 3) multiple agencies involved in the delivery of the services; 4) program developed to reduce bifurcated services; or 5) joint approach benefiting children, youth and or families.

Prevention Programs		
Bare Minimum	**Best Practice**	**Exceeding Expectations**
• IOG has conversations	• IOG has written	• IOG has oversight of the

about the CMP prevention program(s) ● The Prevention Program is **either** developed, enhanced, or delivered by multiple sytems/disciplines	agreements around the CMP prevention program(s) and/or is actively involved in the development or enhancement of ● The Prevention program is collecting data around its effectiveness/outcomes	CMP prevention program(s), including fiscal and programmatic oversight ● The Prevention program has established data showing effectiveness/outcomes ● The Prevention program is tied to an identified community based need for the county

Prevention Program Examples

CMP Prevention Programs should be centered around the needs of children, youth, and families in your community. Refer to this presentation to learn more about what CMP Prevention Programs can look like locally.



Prevention Program Client Tracking

According to Operational Memo OM-DCP-2025-0001, "For those participants entered into Apricot, first name, last name, date of birth, gender, race/ethnicity, zip code, disability status, victim status, and referral source must be entered into the database." Outcomes are not required to be tracked for clients served through Prevention Programs. To learn more about CMP data entry, reference the training options in this folder.

Prevention Program Information Sharing

The founding CMP legislation requires compliance with state and federal confidentiality laws and requires confirmation of such as part of the MOU. As such, personalized youth and family information can be shared within the context of a CMP prevention program only if a Release of Information (ROI) has been completed, allowing all the agencies/personnel present to access the information. The release of information must also include a reference to the CMP evaluation. For example, "Any information shared and gathered by this program prior to the expiration or revocation of this release may continue to be used by the program for statistical and program evaluation purposes." Sample ROIs are provided in this folder.

Cases can be discussed anonymously if an ROI has not been signed. However, the best and most effective practice is to have an ROI signed by the family prior to the prevention program start date. Some local agencies may also require their own ROI, but the CMP ROI should always be completed first.

Chapter 7: Evaluation and Reporting

Statute Reference*

***Evaluation is not referenced in the CMP rule.**

C.R.S. 24-1.9-102.5. Evaluation (amended May 2023)

The Department of Human Services shall ensure that an annual external evaluation of the statewide program and each county or regional program is conducted by an independent outside entity. The department may contract with the outside entity to conduct an external evaluation of those counties that opted not to participate in the collaborative management program. The Department of Human Services shall utilize money in the collaborative management cash fund created in section 24-1.9-104, or any general fund money appropriated for this purpose, for annual external evaluations of the counties participating in memorandums of understanding pursuant to section 24-1.9-102, also known as the collaborative management program, as well as external evaluations as determined by the department of human services of those counties that opted to not participate in the collaborative management program. The annual external evaluation must include any evaluation that may be required in connection with a waiver authorized pursuant to section 24-1.9-102 (4). Each county participating in the collaborative management program shall participate fully in the annual external evaluation.

Data and Reporting		
Bare Minimum	**Best Practice**	**Exceeding Expectations**
• All required data is entered into the CMP	• IOG reviews data pertaining to client	• IOG documents in detail how it is preventing

state database system (ie: Apricot) • IOG reviews data pertaining to client count, program outcomes, and expenditures at least annually • CMP site has a transparent data collection and sharing process • The CMP Annual Report is consistently completed by July 31	count, program outcomes, and expenditures at all IOG meetings • CMP site has a transparent process to ensure accurate and reliable data • All required data is entered into the CMP state database system (ie: Apricot) on a quarterly basis	duplication of services • All required data is entered into the CMP state database system (ie: Apricot) on a monthly basis

Evaluation Activities Table

Activity	Timeline	Description	Resources
CMP Client-level Tracking	Ongoing throughout the year Deadline: July 31st	Collaborative Management Programs (CMP) use standardized data entry processes. Please	CMP Data Collection Tool
Annual Report	Deadline: July 31st	Each CMP provides detailed information about their efforts and performance in key areas, including legislative goals (e.g., IOG	Annual Report Folder

		and ISST activities, collaborative processes, family involvement, cost shifting and cost savings, and local process measures).	
CMP MOUs	Draft Deadline: May 1st Final with Signatures Deadline: June 30th	While not specifically an evaluation or data collection activity, CMP MOUs include specifications of both statewide (common) and local process measures for the upcoming fiscal year. CMPs are required to sign and submit an MOU each year, even if signatories, programs, and process measures remain unchanged.	MOU Templates and Instructions Folder
CMP State Evaluation	Ongoing	The contracted evaluator develops and implements the CMP annual statewide evaluation.	Evaluation Folder or Evaluation Subcommittee Folder

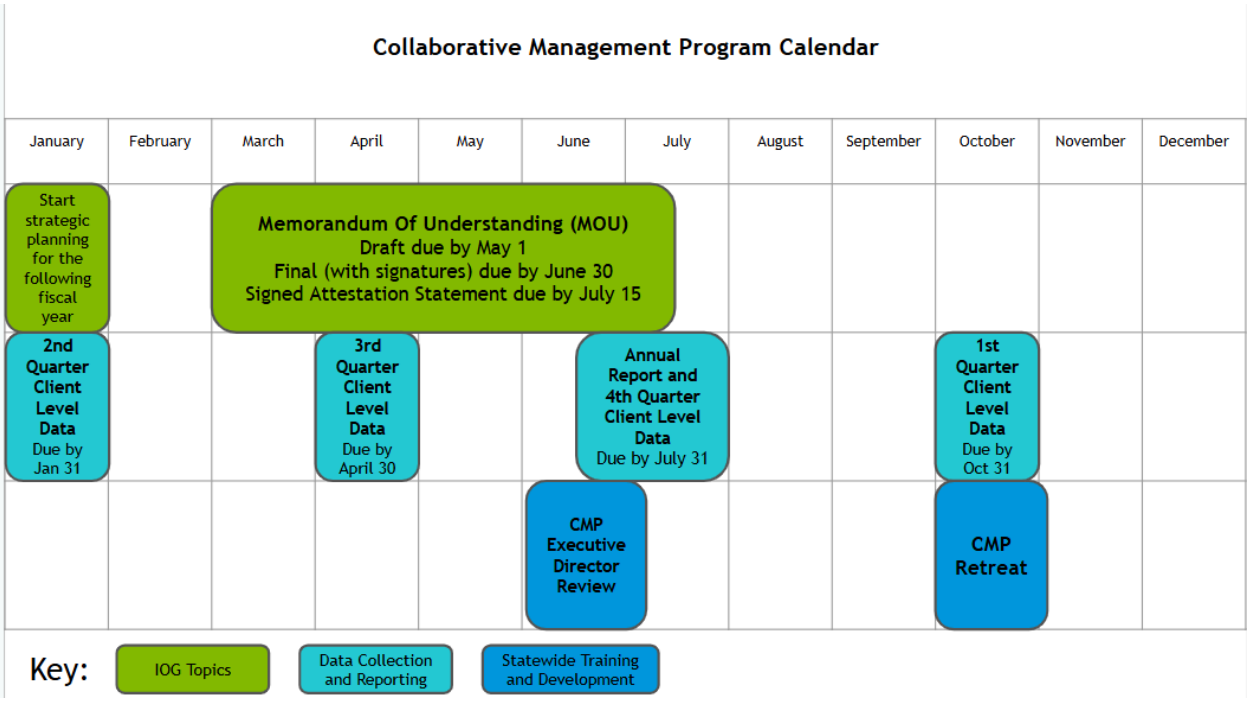
CMP Client-level Tracking

According to Operational Memo OM-DCP-2025-0001, "For those participants entered into Apricot, first name, last name, date of birth, gender, race/ethnicity, zip code, disability status, victim status, and referral source must be entered into the

database. CMP sites are also required to collect and report data on CMP ISST clients' recommended services and a description of outcomes for children served, as well as a description of the services that were recommended but not provided, and a description of the barriers to providing such services." To learn more about CMP data entry into Apricot reference the training options in this folder in the Coordinator Resource Hub.

Each month, the Colorado Department of Human Services pulls a report from Trails so the CMP sites can check the data being entered into Trails locally. The reports can be found in this folder in the Coordinator Resource Hub. If you do not have access to this folder, please contact Andie Scott. Any data collected in Trails must be supplemented with the Trails Auxiliary Form. Starting in the 25-26 FY, all data must be tracked in Apricot, regardless of whether it was originally entered in Trails.*

Please note that ETO is being phased out as we transition to Apricot. In FY25-26 we will be fully transitioned to Apricot.



Annual Report

Section 12 CCR 2509-4-7.303.34 Reporting (amended May 2023)

Each IOG must provide an annual report to the State Department that includes:

(a) The number of children and families served through the individualized service and support teams and a description of the recommended services; the outcomes of the services provided, including the number, age, race, gender, and, if known, the disability status of the children served; a description of the outcomes for children served; and a description of any reduction in duplication or fragmentation of services provided and a description of any significant improvement in outcomes for children and families;

(b) A description of estimated costs of implementing the collaborative management approach and any estimated cost-shifting or cost-savings that may have occurred by collaboratively managing the multi-agency services provided through the individualized service and support teams;

(b.5) The number of children and families who were referred to a local collaborative management program and did not receive recommended services, including a description of the services that were recommended but not provided; a description of the barriers to providing such services; and the age, race, gender, and, if known, the disability status of the children;
(b.7) The number of children, by age, served by a local collaborative management program, who were referred by the juvenile justice system;

(b.8) The number of children, by age, who were served by a local collaborative management program, who were referred by a county department of human or social services, including referrals through a dependency and neglect case;

(b.9) The number of children, by age, who were served by a local collaborative management program and who identified themselves to the local collaborative management program as:

(I) a named victim in a criminal protection order pursuant to section 18-1-1001 or in a juvenile delinquency or criminal case;

(II) a recipient of victim compensation pursuant to part 4.1 of this title 24; or

(III) a protected party in a protection order pursuant to part 14 of title 13, section 19-2-707 as it existed prior to its repeal in 2021, or section 18-1-1001;

(c) An accounting of money that was reinvested in additional services provided to children or families who would benefit from integrated multi-agency services due to cost-savings that may have resulted;

(d) A description of any identified barriers to the ability of the state and county to provide effective services to persons who received multi-agency services; and

(e) Any other information relevant to improving the delivery of services to persons who would benefit from multi-agency services.

The CMP Annual Report is released annually by August 1st for that fiscal year and is due by July 31 of the following year. The 24-25 SFY Annual Report will be completed in Apricot. The 24-25 SFY Annual Report questions and the instructions can be found here.*

Chapter 8: Family and Youth Involvement in the Collaborative Management Program

Statute and Rule References

C.R.S. 24-1.9-101(3)(a)
The development of a more uniform system of collaborative management that includes the input, expertise, and active participation of parent advocacy or family advocacy organizations may reduce duplication and eliminate fragmentation of services; increase the quality, appropriateness, and effectiveness of services provided; encourage cost sharing among service providers; and ultimately lead to better outcomes and cost-reduction for the services provided to children and families in the state of Colorado.

C.R.S. 24-1.9-102(1)(d)
In developing the memorandums of understanding, the general assembly strongly encourages the parties to the memorandums of understanding to seek input, support, and collaboration from key stakeholders in the private and nonprofit sector, as well as parent advocacy or family advocacy organizations that represent family members or caregivers of children who would benefit from multi-agency services.

C.R.S. 24-1.9-102(1)(d)(II) (in reference to non-mandated MOU partners)
Family members or caregivers of children who would benefit from integrated multi-agency services or current or previous consumers of integrated multi-agency services.

Section 12 CCR 2509-4-7.303.32(C)
Counties electing to participate in the MOU may add non-mandatory partners or organizations and are encouraged to include a family member or family advocacy

organization as defined in Section 26-18-102, C.R.S., and a youth member or youth advocacy organization.

The Collaborative Management Program values family and youth voice and choice throughout all collaborative processes. Families and youth bring another perspective to collaborative efforts that other IOG members do not: their life experiences as beneficiaries of services and systems. As consumers of services, they will know the barriers and benefits firsthand. They are the experts in the experience that CMPs are hoping to improve.

The CMP encourages Interagency Oversight Groups (IOGs) to add family and youth representatives to the IOG as non-mandated partners of the Memorandum of Understanding (MOU). The representation is incentivized through the process measure, “Family agency/organization or member participation on the IOG as a voting member,” and is measured by a voting family agency/organization or member in attendance at least 50% of all IOG meetings held within the fiscal year.

Even the design of the Individual Service and Support Teams (ISSTs) requires family attendance. According to Section II (Target Population) of the MOU template, “the child/youth/family members are present at and participating in the development of their plan”.

Family and Youth Involvement		
Bare Minimum	**Best Practice**	**Exceeding Expectations**
• A family member is present at all ISST meetings	• Youth and parent/caregiver, and any other relevant	• All family members and natural supports are present and lead/direct

• ISST meetings are family driven	family members are present at all ISST meetings • Family and Youth Voice represented at the IOG • Family and youth voices are taken into consideration as a part of the CMP prevention program development, enhancement, or delivery.	the conversation • Family and Youth representatives are voting, paid members of the IOG. • Family and youth representatives are a part of the team that makes decisions about the development, enhancement, or delivery of CMP prevention programs.

MOU Family Representative Definitions

Family Member/Representative Definition: A family member is a person who is raising or has raised a child or youth. As a family member, they have experience working with agencies and providers in their community.

Family Advocacy Organization and/or Youth Advocacy Organization Definition: An organization with the explicit purpose to serve families who have a child or youth with special physical, mental, emotional, behavioral, substance use, developmental, and or educational needs. It is governed by a board of directors and is composed of a majority of individuals who are family members. They have an independent governing structure and give preference to family members in hiring practices, and promote family involvement at the individual, local, state, and national levels.

CMP Annual Report Family Voice Questions

The CMP Annual Report has a Family Voice section that asks the following questions:

- Please indicate if you have a family representative and/or family advocacy organization on your IOG
- How does your IOG ensure that your family representative and/or family advocacy organization represents the voices of families in your community?
- How does your IOG ensure that your family representative and/or family advocacy organization is not being tokenized?
- How does your IOG utilize your family representative and/or organizations voice?
- How do you onboard your family representative and/or organization to the IOG and CMP?
- Are family representative and/or advocacy organizations utilized in service delivery? (Families who receive CMP services are partnered with family representative for service planning and delivery).
- Does your CMP have a process in place to provide support to the family representative in their role?
- What does this look like?
- Please indicate if you have a youth representative or youth advocacy organization on your IOG
- How does your IOG ensure that your youth representative or youth advocacy organization represents the voices of families in your community?
- How does your IOG ensure that your youth representative or youth advocacy organization is not being tokenized?
- How does your IOG utilize your youth representative or youth advocacy organization's voice?
- How do you onboard your youth representative or youth advocacy organization to the IOG and CMP?

- Are youth representative or youth advocacy organization utilized in service delivery? (Families who receive CMP services are partnered with family representative for service planning and delivery).

Family Voice Resources

Family Voice and Choice Subcommittee Folder

Chapter 9: CMP Funding and Budget

Statute and Rule References

C.R.S. 24-1.9-104 (1-1.5) (amended May 2023)

(1) On July 1, 2005, there shall be created in the state treasury the collaborative management cash fund, which shall be referred to in this section as the "fund". The money in the fund is subject to annual appropriation by the general assembly to the department of human services for state fiscal year 2005-06 and each fiscal year thereafter. The fund consists of money received from docket fees in civil actions and transferred as specified in section 13-32-101.

(1.5) On July 1, 2023, and annually thereafter, the general assembly shall appropriate money to the fund to serve children who would benefit from integrated multi-agency services, including children who have had contact with law enforcement or who are at risk of involvement with the juvenile justice system.

C.R.S. 24-1.9-104 (3)(a)(I-II) (amended May 2023)

(3)(a) On and after July 1, 2005, the executive director of the Department of Human Services shall allocate the money in the fund, and any general fund money appropriated for this purpose, to parties to a memorandum of understanding who have agreed to collaborative management pursuant to section 24-1.9-102 (2)(i) and who, based upon the annual report to the department of human services pursuant to section 24-1.9-102. The Executive Director of the Department of Human Services shall:

(I) Beginning July 1, 2023, distribute additional funds appropriated for the 2023-24 state fiscal year to the fund to existing collaborative management programs pursuant to the funding formula in place on June 30, 2023;

(II) beginning July 1, 2024, provide an annual sum to each local collaborative management program to provide services to children who would benefit from integrated multi-agency services, including children who have had contact with law enforcement or who are at risk of involvement with the juvenile justice system. For the 2024-25 state fiscal year and each state fiscal year thereafter, the amount of the sum provided to each local collaborative management program must be determined through a funding formula that considers:

(A) the amount of money available in the fund;
(B) the need for a base of resources to direct a child and the child's family members to appropriate services; and
(c) the number of children in the population to be served, as defined by the memorandum of understanding pursuant to section 24-1.9-102, in each county or region.

Funding and Budget		
Bare Minimum	**Best Practice**	**Exceeding Expectations**
• IOG reviews the CMP site finances at every meeting • CMP site has a transparent budget process	• IOG is active in developing CMP budget and making funding decisions • There is an established written protocol concerning funding/spending • CMP fiscal agent collaborates with the	• IOG documents in detail how it manages and promotes cost-sharing among the IOG partnerships

	IOG for financial oversight of funding	

CMP Funding*

The funds distributed to CMP sites are state-level funds that originate from the state general fund and a CMP cash fund. The CMP cash fund monies are accrued from docket fees in civil actions across the state. We can spend up to $3 million of the cash fund each year. Historically, we have not accrued the full $3 million to spend. Generally, we accrue about $2.6 to $2.8 million. Currently, the program receives $3,665,039 from the general fund.

Funding Formula History*

Due to the passage of HB23-1249, the Collaborative Management Program funding formula was changed to remove performance-based incentives. The statute references above reflect the amended legislation. You can find all past memos regarding CMP funding allocations in this folder.

Current Funding Formula

The funding formula must be approved by an annual task group. This task group has the authority to advise changes to the formula within the context of the state rule. As such, the original task group decided to place the elements of the funding formula into state board rule language, with the exception of the specific percentages and/or the methodology to allow for discussion and change each year with the annually formed task group.

The Financial Sub-PAC has requested input on the CMP funding formula. To do this, the fiscal program analysis should present the current funding formula at one of the monthly Sub-PAC meetings and collect feedback to inform the task group each year.

After the annual task group completes the funding formula, the final formula should be shown to the Financial Sub-PAC for informational purposes.

After the Financial Sub-PAC recommendations and the annual task group completion of the CMP funding formula, the formula must be approved by the State Board annually.

To learn more about the current CMP Funding Formula, refer to the CMP written description of the funding formula.

Budget

Per the MOU, “The Parties agree by signing this MOU that the IOG will review the CMP budget regularly to ensure that CMP funds are being used to serve children, youth, and families that are involved in multiple systems or at risk of involvement in multiple systems. This includes funds being used to serve children, youth, and families who are part of an ISST, CMP prevention program, or as a mechanism to increase collaboration among Parties.”

CMP funds should be used for programs outlined in the MOU for children, youth, and families being served by a CMP ISST or Prevention Program. Funds can also be used to “increase collaboration”.

To see existing examples of other sites' budgets, please refer to this folder.

Flex Funds

Flex funds are an optional way to use CMP funding. The IOG should discuss and decide on a process for the utilization of flex funds in an ISST or Prevention Program. A written policy is recommended for equitable and consistent access to the funding.

Flex funds should only be used for children, youth, and families who are involved in a CMP ISST or Prevention Program. Flex funds need to be connected to a child or youth

who has participated in an ISST or CMP prevention program. Programs must demonstrate that Flex Funds were used to address an unfunded gap that, if not provided through CMP, would create a barrier to the families being successful. CMP funding must be the payor of last resort.

To see existing examples of other sites' Flex Fund Policies, please refer to this folder.

Chapter 10: Sustainability

Statute and Rule References

C.R.S. 24-1.9-102 (b)

(b) Identification of services and funding sources. The memorandum of understanding must specify the legal responsibilities and funding sources of each party to the memorandum of understanding as those responsibilities and funding sources relate to children and families who would benefit from integrated multi-agency services, including the identification of the specific services that may be provided. Specific services that may be provided may include, but are not limited to: Prevention, intervention, and treatment services; family preservation services; family stabilization services; out-of-home placement services; services for children at imminent risk of out-of-home placement; probation services; services for children with behavioral or mental health disorders; public assistance services; medical assistance services; child welfare services; and any additional services the parties deem necessary to identify.

C.R.S. 24-1.9-102 (e)

(e) Establishment of collaborative management processes. The memorandum of understanding shall require the interagency oversight group to establish collaborative management processes to be utilized by individualized service and support teams authorized pursuant to paragraph (f) of this subsection (2) when providing services to children and families served by the parties to the memorandum of understanding. The collaborative management processes required to be established by the interagency oversight group shall address risk-sharing, resource-pooling, performance expectations, outcome-monitoring, and staff-training, and shall be designed to do the following:

(I) Reduce duplication and eliminate fragmentation of services provided to children or families who would benefit from integrated multi-agency services;

(II) Increase the quality, appropriateness, and effectiveness of services delivered to children or families who would benefit from integrated multi-agency services to achieve better outcomes for these children and families; and
(III) Encourage cost sharing among service providers.

One of the primary challenges of implementing a county CMP is long-term sustainability. Though participating counties benefit from CMP fund allocations, these funds are typically not sufficient in and of themselves to cover the program budget. As a result, counties must strategically determine how to leverage existing resources in each partnering agency, communicate accurately and appropriately to potential funders to increase revenue, capitalize on cost-shifting opportunities, and develop a competitive business model to ensure program longevity. Options to consider in working toward this sustainable model include, but may not be limited to federal, state, and foundation grant funding; philanthropic donations from community members; various funding streams within partnering organizations; and fees for service.

Sustainability is an important consideration for all local CMP sites and IOGs. Local Collaborative Management Program funding rolls over from year to year. If there is money not spent within a fiscal year, it does not have to be returned to the state, but it must be used for the CMP target population. Any rollover funds must be used in accordance withthe CMP statute and regulations.

Glossary of Terms - Acronyms and Definitions*

A

APN - Advanced Practice Nurse

Attestation Statement - testimony or confirmation (In reference to CMP, an attestation statement must be signed by the local DHS Director to confirm that the local CMP will:

1. Track clients served in all target populations listed in the CMP site MOU;
2. Agree to not duplicate clients in the approved databases (Trails and/or Efforts to Outcome and/or Excel); and,
3. Comply with Operation Memorandum OM-DCP-2024-0001.

B

BHA - Behavioral Health Administration (formerly known as the Office of Behavioral Health)

BHASO - Behavioral Health Administrative Service Organization

BHO - Behavioral Health Organization (no longer used, replaced by RAE)

C

CANS – Child and Adolescent Needs and Strengths (this is an assessment)

CASA – Court Appointed Special Advocates

CCB – Community Center Board

CCM - Community Case Management

CCR - Code of Colorado Regulations OR Colorado Community Response

CCWIS - Comprehensive Child Welfare Information System

CCYIS – Colorado Children and Youth Information Sharing

CDHS - Colorado Dept. of Human Services

CJRA - Colorado Juvenile Risk Assessment

CMP - Collaborative Management Program

COLA - Cost of Living Adjustment

CRP - Community Response Program

CRS - Colorado Revised Statutes

CTC – Communities that Care

CW - Child Welfare

CYDC - Colorado Youth Detention Continuum (name change for Senate Bill 94 Program)

CYPM - Crossover Youth Practice Model

CYF – Children, Youth, & Families

D

D & N - Dependency & Neglect Filing by Child Welfare

DANSR – Dependency and Neglect System Reform

DEI – Diversity, Equity, & Inclusion (aka EDI)

DHS - Department of Human Services

DYS - Division of Youth Services (formerly Division of Youth Corrections/DYC)

E

ED - Education

EDI - Equity, Diversity & Inclusion (aka DEI)

ESL - English as a Second Language

ETO - Efforts to Outcomes

F

FAR – Family Assessment Response

FEM – Family Engagement Meeting

FFY - Federal Fiscal Year (Oct. 1 – Sept. 30)

FRC - Family Resource Center

FTE - Full-Time Employee

FVC - Family Voice and Choice Subcommittee

FY - Fiscal Year

G

GAL – Guardian ad Litem

H

H/MH - Health/Mental Health

HB1451 - House Bill 1451 (Collaborative Management Program)

HCPF – Health Care Policy & Financing

HFW – High Fidelity Wraparound

HIPAA – Health Insurance Portability and Accountability Act

I

IDD – Intellectual and/or Developmental Disabilities

IEP - Individualized Education Plan

IOG - Interagency Oversight Group

ISS - In-School Suspension

ISST - Individualized Service and Support Team

J

JAC – Juvenile Assessment Center

JBC - Joint Budget Committee

JD - Judicial District

JDSAG – Juvenile Detention Screening and Assessment Guide

JJ - Juvenile Justice

JSPC – Juvenile Services Planning Continuum

M

MCE - Managed Care Entity

MH - Mental Health

MOU - Memorandum of Understanding

MSO - Managed Service Organizations

MST - Multi-Systemic Therapy

O

OCR – Office of the Child's Representative

OCYF - Office of Children, Youth, and Families

ORPC – Office of Respondent Parent Counsel

OIT - Office of Information Technology

OJJDP - Office of Juvenile Justice and Delinquency Prevention

OSS - Out of School Suspension

P

PCP - Primary Care Provider

PO - Probation Officer

PSSF - Promoting Safe & Stable Families

Q

QRTP – Qualified Residential Treatment Program

R

RAE - Regional Accountable Entity

RJ – Restorative Justice

RTI - Response to Intervention

S

SAMHSA – Substance Abuse and Mental Health Services Administration

SB 94 - Senate Bill 94 (CYDC)

SFY - State Fiscal Year (July 1 – June 30)

SSC - State Steering Committee