



COLORADO
Department of Human Services

December 31, 2014

The Honorable Dianne Primavera, Chair
House Public Health Care and Human Services Committee
House Health, Insurance and Environment Committee
200 E. Colfax Avenue, Room 271
Denver, Colorado 80203

The Honorable Kevin Lundberg, Chair
Senate Health and Human Services Committee
200 E. Colfax Avenue, Room 269
Denver, Colorado 80203

Dear Representative Primavera and Senator Lundberg:

Enclosed please find a legislative report to the House Public Health Care and Human Services and Senate Health and Human Services Committee from the Colorado Department of Human Services (CDHS) regarding Colorado's Differential Response Pilot Program. Section 19-3-308.3 C.R.S. (2014) requires CDHS to report on or before January 1, 2015 concerning the administration of the pilot program since April 15, 2010.

In summary, since 2010 eleven counties have fully implemented Differential Response. CDHS contracted with Colorado State University - Social Work Research Center to complete a research based evaluation of the pilot program. The overall findings were positive in regard to child safety, family well-being, family engagement, caseworker satisfaction, community buy-in, and cost neutrality. CDHS is recommending Differential Response be adopted as a permanent practice model for Colorado.

If you require further information or have additional questions, please contact the Department's legislative liaison Jennifer Corrigan, jennifer.corrigan@state.co.us, 303-866-3019.

Sincerely,

Reggie Bicha
Executive Director
Enclosure

Cc:

Representative Jonathan Singer, Vice Chair, Public Health Care & Human Services Committee
Representative Kathleen Conti, Public Health Care & Human Services Committee
Representative Jessie Danielson, Public Health Care & Human Services Committee
Representative Justin Everett, Public Health Care & Human Services Committee
Representative Joann Ginal, Public Health Care & Human Services Committee
Representative Janak Joshi, Public Health Care & Human Services Committee
Representative Jon Keyser, Public Health Care & Human Services Committee
Representative Lois Landgraf, Public Health Care & Human Services Committee
Representative Jovan Melton, Public Health Care & Human Services Committee



Representative Dominck Moreno, Public Health Care & Human Services Committee
Representative Max Tyler, Public Health Care & Human Services Committee
Representative JoAnn Windholz Public Health Care & Human Services Committee
Senator Larry Crowder, Vice Chair; Senate Health and Human Services
Senator Irene Aguilar, Senate Health and Human Services
Senator Beth Martinez Humenik, Senate Health and Human Services
Senator Linda Newell, Senate Health and Human Services





COLORADO

**Office of Children,
Youth & Families**

Division of Child Welfare

Colorado Differential Response Pilot Program



Report on Colorado's Differential Response Pilot Program

December 31, 2014

THE VISION OF THE COLORADO DEPARTMENT OF HUMAN SERVICES
(CDHS) DIVISION OF CHILD WELFARE IS FOR COLORADO'S CHILDREN
TO LIVE IN A SAFE, HEALTHY AND STABLE ENVIRONMENT

CONTRIBUTORS

ANN ROSALES, MSW

DIRECTOR, DIVISION OF CHILD
WELFARE

PAIGE ROSEMOND, MSW

MANAGER, CHILD PROTECTION
SERVICES

LAURA SOLOMON, BSW

INTAKE ADMINISTRATOR

MATT HOLTMAN, MSW, LCSW

REFERRAL AND ASSESSMENT
SPECIALIST

JAMES CONNELL, BSW

REFERRAL AND ASSESSMENT
SPECIALIST

Thank you to Arapahoe, Boulder, Fremont, Garfield, Jefferson, La Plata/San Juan,
and Larimer Counties for your contribution in making this report possible.

CONTENTS

EXECUTIVE SUMMARY	4
CHAPTER 1	
HISTORY OF DIFFERENTIAL RESPONSE	6
PILOT PROGRAM DESCRIPTION	9
COLORADO DIFFERENTIAL RESPONSE MODEL	10
PILOT PROGRAM EVALUATION	15
CHAPTER 2	
PILOT COUNTY REPORTS ON DIFFERENTIAL RESPONSE	18
COUNTY QUALITY ASSESSMENTS	28
COUNTY SURVEY RESULTS	31
CHAPTER 3	
EXPANSION PLAN	33
RECOMMENDATIONS	38
REFERENCES	39
APPENDICES	41

EXECUTIVE SUMMARY

Beginning in October of 2009, an application for the Differential Response Research Project was submitted to the Quality Improvement Center on Differential Response (QIC-DR) for approval to allow five identified counties to participate in the Differential Response Pilot Program. This pilot program included the integration of Differential Response (DR) practice principles as formulated in workgroups, informed by national and international experts, with oversight and technical assistance from CDHS.

Following the application, the Colorado Consortium on Differential Response (CCDR) received a grant from QIC-DR to fund the pilot program and research evaluation. Through a collaborative effort, the CCDR established a firm foundation for what would later become the Colorado Differential Response Model. This led the General Assembly of the State of Colorado to create the Differential Response Pilot Program (19-3-308.3) in 2010. Senate Bill 12-011 allowed the Executive Director of the Colorado Department of Human Services (CDHS) to select additional participating counties as part of the Differential Response Pilot Program.

This initial statute allowed five county departments chosen by the state department, Arapahoe, Fremont, Garfield, Jefferson and Larimer, to address known or suspected incidents of intrafamilial abuse or neglect that have been assessed, pursuant to rule of the state board, to be of low or moderate risk. In addition, the statute allowed the state board to promulgate rules for the administration of the pilot program.

The statute also required that on or before November 1, 2014, each participating county department prepare and submit to the state department a report concerning the participating county department's administration of the pilot program since April 15, 2010. In addition, the statute required that on or before January 1, 2015, the state department prepare and submit a report to the health and human services committees of the House of Representatives and Senate documenting the administration of the pilot program since April 15, 2010. The report, at a minimum must document successes and challenges of the pilot program, and detail the program's effectiveness in outcomes pertaining to child safety, permanency, family and caseworker satisfaction and cost.

CDHS conducted on-site reviews of the eight counties who fully implemented DR and found each to have a high quality practice. All eight pilot counties submitted reports to CDHS, which indicate overwhelming support for continued implementation of DR throughout Colorado. These counties report a shift in practice throughout their agencies, which positively impacted children, youth, families and caseworker satisfaction in all phases of their involvement in the child welfare system.

CDHS continues to methodically and deliberately partner with counties to successfully implement DR. Since beginning work on this report, an additional three counties, Mesa, Lincoln, and Eagle, have begun practicing DR. Another fourteen are currently completing DR training, and an additional eleven have expressed interest to begin training in 2015.

As part of the required reporting process, CDHS contracted with Colorado State University – Social Work Research Center to complete a research-based evaluation of the Differential Response Pilot Program. The overall findings of the Differential Response Pilot Program were positive in regard to child safety, family well-being, family engagement, caseworker satisfaction, community buy-in, and cost neutrality.

Those counties implementing DR experienced a reduction of assessments resulting in the need to open ongoing child welfare cases and a reduction of child welfare cases resulting in the need for out of home placement. These reductions are reflective of improved experiences by children, youth, and families being served through DR.

ASSESSMENTS RESULTING IN OPEN CHILD WELFARE INVOLVEMENT/CASE

	SFY 2010		SFY 2011		SFY 2012		SFY 2013		SFY 2014	
DR Pilot Total	2,950	25.0%	2,391	22.0%	2,480	23.4%	2,243	21.4%	2,130	21.6%
Non-DR Total	6,774	25.3%	6,349	25.4%	6,112	25.5%	6,062	26.4%	5,638	25.5%

CHILD WELFARE INVOLVEMENT/CASE RESULTING IN OUT OF HOME PLACEMENT

	SFY 2010		SFY 2011		SFY 2012		SFY 2013		SFY 2014	
DR Pilot Total	1,241	10.5%	1,218	11.2%	1,305	12.3%	1,254	12.0%	1,066	10.8%
Non-DR Total	4,311	16.1%	3,837	15.3%	3,548	14.8%	3,441	15.0%	3,383	15.3%

Based on this data, the research-based evaluation’s overall findings, county reports, and the positive impact on the children, youth, and families served, CDHS recommends the Differential Response Pilot Program, in effect since 2009 and extended in 2012, be terminated and that Differential Response be adopted as a permanent practice model for Colorado.

CHAPTER 1

The purpose of this report is to provide information to the Legislators on the Differential Response Pilot Program, which has been in effect since 2009, and was extended in 2012 to comply with statute. This report will provide an overview of: Differential Response; the Differential Response Pilot Program; the evaluation of Differential Response in Colorado to-date; and the progression of Differential Response expansion.

History of Differential Response

In 1962 Dr. Henry Kempe of Denver, Colorado published his seminal research article, *The Battered-child Syndrome*, calling attention to children who receive serious physical injuries inflicted by a parental figure (Kempe, 1962). This article called widespread attention to child abuse and neglect, which influenced future reporting laws. This research directly led to the 1974 Child Abuse Prevention Treatment Act (CAPTA), which created federal leadership for child abuse prevention and treatment, including funds to states to develop child abuse and neglect identification and prevention (National Child Abuse and Neglect Training and Publications Project, 2014). Child welfare practice in Colorado developed to best serve families with children who are victims of severe physical abuse. However, the majority of families who come to the attention of child protection services present with low to moderate risk of maltreatment and are not experiencing immediate child safety issues (National Quality Improvement Center on Differential Response in Child Protective Services, 2014).

Child protection agencies across the nation have been seeking new and innovative approaches to system improvements in an effort to better serve the community and respond to children at risk of abuse and neglect, while maintaining child safety as the primary focus (National Quality Improvement Center on Differential Response in Child Protective Services, 2010). From 1994-1997 Harvard Executive Session convened and identified five (5) major child protection system reform issues:

1. Over Inclusion - Families may be inappropriately reported to child protection services for reasons such as personal vindictiveness or lack of resources.
2. Capacity - The number of families referred exceeds the system's ability to respond.
3. Under Inclusion - Paradoxically, two groups of families are often under included in reports. One group consists of high-risk families screened into child protection services systems but not adequately served due to lack of resources. The second group consists of families that voluntarily request services without a screened-in report, but are denied because they are not assessed as high-risk, and are thus ineligible for assistance until actual abuse is indicated.
4. Service Orientation - Child protection services workers try to both keep children safe and keep families intact, while conveying the belief that they, rather than the families

themselves, know what is best for children and families. This approach can be confusing.

5. Service Delivery - Many families do not receive the services they need. Closer collaboration between child protection services and community-based service-providers was recommended, along with increased services for families whose primary language was not English.

The Executive Session proposed a new paradigm for child protection in which the public Child Protective Services (CPS) agency shares responsibility with partners in the community in order to respond to children and families in a more flexible, differentiated approach. This new paradigm would differ from current CPS practice in three ways: increased cross-agency service planning, links with informal helpers, and the application of differential response (National Quality Improvement Center on Differential Response in Child Protective Services, 2011).

In 2006, the American Humane Association and the Child Welfare League of America conducted a study of differential response systems across the United States and cited the following core elements as a part of any differential response approach:

- Two or more discrete response pathways for responding to allegations of concern, including a family assessment, non-investigation pathway;
- The establishment of these multiple pathways in statute, policy, and/or legislation;
- The designation of pathway based on a number of factors including severity, frequency, and impact of the alleged abuse;
- Flexibility in pathway allocation—so changes can be made if new information is obtained;
- Families working with child protection services exclusively in the family assessment track are served without any formal designation or finding of abuse and neglect, and no one in the family is named a perpetrator or has his/her name placed on any statewide central registry; and,
- Families where no danger to children is found can accept or refuse services without consequence (Merkel-Holguin, Kaplan, Kwak, 2006).

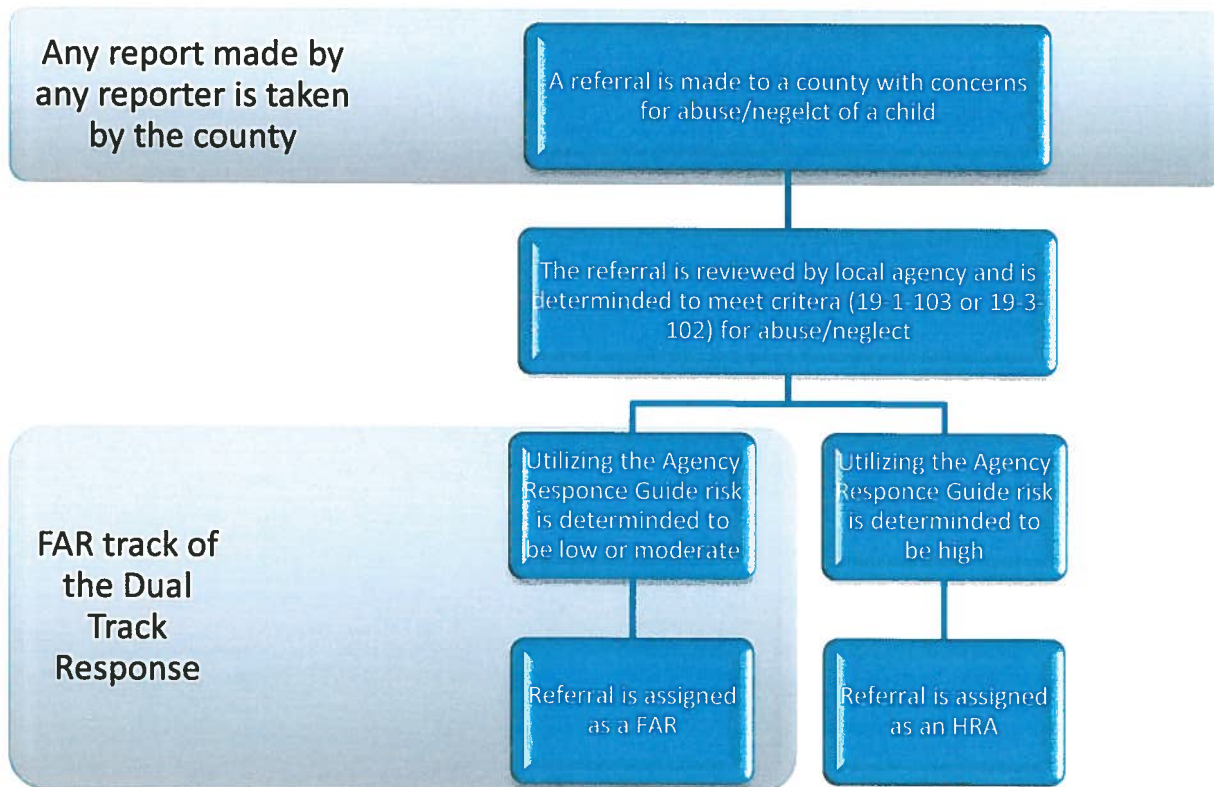
In 2007, a series of child fatalities in Colorado prompted Governor Bill Ritter to order a full systemic evaluation of child welfare practice, which led to the formation of the Governor's Child Welfare Action Committee. Local, state and national experts developed recommendations for improvement to Colorado's child welfare practice, one of which was Differential Response (DR). DR was complementary to concurrent reforms, as it is routed in family and community engagement across systems. Thus, the Colorado Consortium on Differential Response (CCDR) was established (Winokur, et al., 2014).

In 2008 the U.S. Children's Bureau awarded a grant to the American Humane Association to operate the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR). The QIC-DR focuses on advancements related to DR by evaluating and studying implementation outcomes and cost impact, studying if DR is an effective approach in child protection, and working to build innovative replicable knowledge about DR to include guidance on best practice (National Quality Improvement Center on Differential Response in

Child Protective Services, 2010). The CCDR applied and received a grant from the QIC-DR and proceeded to solicit letters of interest from all 64 counties in Colorado. CCDR received commitments from five counties who saw DR as an aligned expansion with their current practice. The CCDR sought input from local, state, and national experts, formed workgroups and committees and provided community education and outreach (Winokur, et al., 2012).

In 2010 the General Assembly of the State of Colorado enacted the Differential Response Pilot Program (19-3-308.3) for child abuse or neglect cases of low or moderate risk. Prior to the implementation of the Differential Response Pilot Program, Colorado was a single track system, meaning there was only one way for counties to respond to reports of alleged abuse and/or neglect. This single track, now called High Risk Assessment (HRA), was also once referred to as Investigative Response (IR), and may be referred to in research as such.

The Differential Response Pilot Program made it possible for approved counties in Colorado to implement a dual-track system, meaning that there are now two ways for counties to respond to reports of abuse and/or neglect. The additional track, Family Assessment Response (FAR), is designed for incidents deemed to be low to moderate risk. The implementation of DR in no way impedes or changes what was already in place and being utilized, it simply adds an additional way for counties to respond to allegations of abuse or neglect. In both tracks, safety of children and youth is paramount, cooperation and coordination with law enforcement is a priority, and caseworkers' ability to involve the courts to protect children is in no way hindered.



Pilot Program Description

Colorado Consortium on Differential Response (CCDR) received a grant from QIC-DR to fund the pilot program and research evaluation. The State sought letters of interest from all 64 counties and received five (5) firm commitments from Arapahoe, Fremont, Garfield, Jefferson and Larimer Counties to participate in the program. The counties vary in both population and geographical size (Winokur, et al., 2012).

The CCDR consulted with national and international experts on Differential Response (DR), drawing from teachings from Sonja Parker’s *Signs of Safety and Partnering for Safety* (Turnell & Edwards, 1999). Key processes and practices were also adapted from the work of Sue Lohrbach and Rob Sawyer. Core elements of DR in Colorado were established and reflect the American Humane Association and the Child Welfare League of America’s 2006 study. Time was invested by CDHS and county administrators to engage and educate community stakeholders, such as law enforcement agencies, judicial partners, and mental health providers on DR and its dual-track process to open up dialogue about how FAR works in coordination with their systems (Winokur, et al., 2012).

Early in the process, multiple workgroups were formed by the counties, CDHS, and Colorado State University – Social Work Research Center. These workgroups were charged with determining the philosophical foundation of DR, including practices and policies specific to Colorado implementing a dual-track system. Through a collaborative effort CCDR established a firm foundation of what would go on to become Colorado’s own Differential Response Model.

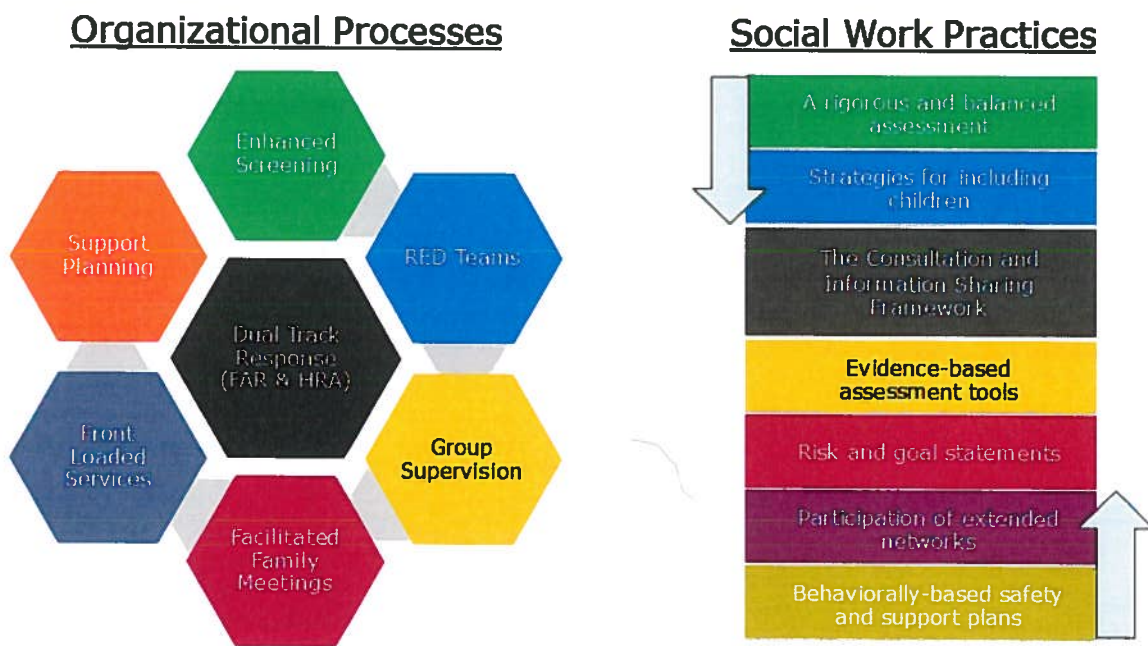
Name	Purpose
Screening and Referral Workgroup	Created an enhanced screening guide and coordinated a teleconference to review training and strategies for its implementation, conducted a self-evaluation of random referral samples.
FAR Practice Workgroup	Discussed implementation challenges of a dual-track system as they relate to initial contacts with family, coordinating with law enforcement, and track assignment.
Data Workgroup	Tasked with ensuring the statewide automated case management system has the capability to capture all data elements specific to program and develop data assurance and survey reports.
Cost Study Workgroup	Designed the data collection and analysis plan for the cost study.
DR Leadership Team	Oversaw all of the workgroups, monitored the budget, reviewed implementation efforts and challenges.

(Winokur, et al., 2012)

Colorado Differential Response Model

The Colorado Differential Response Model informs safety and planning with children, youth and families from the first contact, through successful services provision and case closure. Different Response (DR) is guided by seven organizational processes and seven social work practices. The integration of the organizational processes and social work practices are used throughout the life of a child welfare case, regardless of the track assignment.

Organizational Processes and Social Work Practices



Enhanced Screening

Enhanced screening requires the call taker to ask more in-depth questions to gain greater insight about families. The enhanced screening guide provides the call-taker with a series of questions designed to facilitate a conversation that results in ascertaining more information on possible safety concerns for a child, strengths, and protective factors of the family. By gathering a greater breadth of information on the initial call from the reporting party, child welfare supervisors and RED teams can make a more informed decision about how to appropriately intervene with a family. In 2012, enhanced screening was included in Governor Hickenlooper’s 2.0 plan to improve information gathered by counties at the initial call, to help make more informed decisions. With the establishment of the statewide child abuse and neglect reporting system, enhanced screening will be in place throughout Colorado beginning January 1, 2015.

RED Teams

RED stands for Review, Evaluate, and Direct. All counties in Colorado have been trained in RED Teams and are reviewing referrals in this way. RED teams are comprised of child welfare supervisors and caseworkers, along with other county employees who have knowledge of child protection responses. The RED Teams utilize the Consolation and Information Sharing Framework to best organize and evaluate the referral information in a way which promotes critical thinking and group decision making. As of January 1, 2015, this will be a required practice per the Code of Colorado Regulations, which guides Child Welfare Services through Rule Manual Volume 7. RED Teams were also identified as part of the Governor's 2.0 plan in 2012 as a way to process information gathered through the enhanced screening process.

Group Supervision

Group supervision offers caseworkers the opportunity to consult with peers and supervisors on the challenges and successes they experience with a family. Group supervision is a facilitated process, which uses the Consolation and Information Sharing Framework as a way to ensure consistency throughout the course of a child protection assessment. Through this process, caseworkers can share resource information, identify gaps in safety or risk, brainstorm new ideas, and share solutions. Group supervision provides an avenue for caseworkers to obtain support from colleagues on difficult issues, in order to help better inform and enhance their practice.

Facilitated Family Meetings

Facilitated family meetings are another organizational process of Colorado's Differential Response Model. A facilitated family meeting refers to any meeting with the family, community partners, and the caseworker held at key decision making points to ensure all parties are consistent and working towards the same goals. It is the process of bringing families together with county child welfare staff and others who are invested in developing plans around child safety, services and resources. The Child Welfare Information Gateway describes facilitated family meeting as an opportunity to build a common understanding, with the support of the family's network, to identify what is important in order to build a plan around child safety (Child Welfare Information Gateway, 2010). All counties in Colorado's Differential Response Pilot Program use facilitated family meetings.

Front-Loaded Services

The organizational process of providing front-loaded services requires counties to engage with their community partners to provide resources and services as soon as needs are identified. Through completing a rigorous and balanced assessment, services which meet the family's needs to mitigate risk and build safety can be identified and implemented. In the assessment, caseworkers identify services the family may already have in place so duplication can be eliminated. By identifying and offering the right services in the assessment phase,

counties can provide appropriate services in a timely manner which may result in cost savings to the county by decreasing re-referral rates. In the Colorado DR model, service referrals are made as soon as family needs are identified and the family agrees to the service. This prevents unnecessary wait times and allows families to begin a change process as soon as possible. This cooperation includes caseworkers building internal relationships with their county partners, such as: TANF; Workforce Centers; Child Support; Medicaid; judicial partners; and school systems. By connecting families with proper services and resources in their own community, the county can plan with the family around how and when child welfare can step out of their lives.

Support Planning

When the assessment or case is at a point where children can remain safely in their home, caseworkers create a support plan with the family. A support plan is based on what the family is doing at the time of closure to keep their children safe. Support plans are formulated to include actions the family and their support network will continue to take to sustain behavioral changes made during the course of the assessment. The family, support network, community partners, and service providers may all be assigned roles in the plan as needed to move forward without the continued involvement of child welfare.

Dual-Track Response

Counties currently practicing under the Colorado Differential Response Model are able to respond to reports of abuse and/or neglect through two tracks, a Family Assessment Response (FAR) or High Risk Response (HRA). The response time and track assignment are decided based on the information gathered during enhanced screening, a review of criminal and child welfare histories, and after any other relevant information is reviewed. In both FAR and HRA child safety is always the priority.

When the reported concerns meet a low to moderate risk, as determined by the Agency Response Guide and the RED Team, the FAR track may be utilized. In a FAR, caseworkers assess for the safety of children, engage families to build on their strengths, refer to services and resources as needed, utilize law enforcement and the courts if needed, and partner with families to build safety within their family unit. Families who are assigned for the FAR track are able to meet as a family with the caseworker to discuss the incident together. Caseworkers assess to identify ways to address underlying causes of the maltreatment. No findings of abuse and/or neglect are made within the FAR track.

An HRA is a traditional forensic investigative approach to determine if abuse and/or neglect has occurred and a finding of abuse and/or neglect is made accordingly. In an HRA, children are interviewed outside of the presence of the alleged perpetrator. When caseworkers meet with families either through FAR or HRA the reported safety and risk concerns are addressed. The caseworker meets with the family to complete a balanced and rigorous assessment of safety and risk. Once the caseworker has completed these assessments with the family, the family and the worker can start to plan for what needs to happen next to ensure ongoing child safety.

In situations where children are unsafe or there is imminent danger, a plan must be developed for the immediate safety needs of the child (ren). This may require immediate removal of the children if safety planning is not supported. In both tracks safety of children and youth is paramount, cooperation and coordination with law enforcement is a priority, and caseworkers' ability to involve the courts to protect children is in no way hindered.

Social Work Practice Principles

<p>A rigorous and balanced assessment</p>	<ul style="list-style-type: none"> • Through completion of an assessment caseworkers are gathering information to determine safety concerns, strengths of the family and what will build safety or mitigate risk.
<p>Strategies for including children</p>	<ul style="list-style-type: none"> • This practice attempts to rectify children's viewpoints being disregarded or belittled during an assessment. • Specific tools and assessment skills are taught to illicit pertinent information form the children in the household.
<p>The Consultation and Information Sharing Framework</p>	<ul style="list-style-type: none"> • This specific framework was created by Sue Lohrbach in 2000 and is utilized throughout the family's involvement with child protection. • It's purpose is to ensure a common language is used with a family and professionals from beginning to end.
<p>Evidence-based assessment tools</p>	<ul style="list-style-type: none"> • All caseworkers in Colorado use the safety and risk assessments with families on all child abuse/neglect assessments.
<p>Risk and goal statements</p>	<ul style="list-style-type: none"> • A risk statement clearly and consistently articulates what the county is worried may happen to the child if the county does not intervene with the family. • A goal statement is what behavioral changes need to happen to mitigate the risk or safety concerns expressed in the risk statement.
<p>Participation of extended networks</p>	<ul style="list-style-type: none"> • A caseworker works to identify family, friends, and other adults who care for the child early in the assessment and helping the family use these people to keep the child safe.
<p>Behaviorally-based safety and support plans</p>	<ul style="list-style-type: none"> • This practice helps to direct caseworkers to focus on behavioral changes in caretakers with the support of an identified network instead of substituting service completion for behavioral change.

Colorado's Differential Response Model identifies seven Social Work Practices, which are utilized to increase family engagement with caseworkers and assist caseworkers in their work with families to keep children safe within their homes. Each of the organizational processes previously discussed contain components of the social work practice elements to ensure the county-wide practice of DR is self-sustaining and long lasting. Counties can implement any of the social work practices independent of the organizational practices.

Much of casework practice in the past has focused on whether an incident of abuse/neglect occurred, and who is to blame. While this is important, other aspects of the family may be the root-cause of the abuse and/or neglect incident and need to be equally assessed. Working with a family to identify strengths and their current protective factors can begin to facilitate the behavioral change needed to provide long term safety for a child (Berg & Kelly, 2000). This concept is based in solution-focused brief therapy and has shown to be beneficial (Berg, 1994).

There are many strategies for including children in the conversation when discussing safety. DR uses a number of specific tools and interview techniques to elicit this information. Children often have a unique viewpoint of the situation and the tools and techniques provide a mechanism to help children talk about what they may be seeing. Caseworkers are strongly encouraged, whenever possible, to have these discussions with all family members present to promote family engagement and transparency.

The Consultation and Information Sharing Framework was created by Sue Lohrbach in 2000. This framework is used to organize and share information in a way to promote critical thinking about the family as a whole. This framework has been used in Colorado since the inception of DR and is used in RED Team, group supervision, facilitated family meeting, and family home visit processes. Utilizing this tool promotes consistent organization and language, critical thinking, and meaningful group dialogue. It enables families and professionals to gain a clearer understanding of any child safety concerns and the steps family, community partners, and the county are taking to come up with a plan to mitigate risk and build a plan for ongoing safety. The framework is used at key decision making points and should be updated with any progress or setbacks that occur. When this is completed with a family, the family has input and a clear understanding of the steps needed to mitigate risk.

It is important to have evidence-based tools which direct assessment decisions to ensure continuity and consistency of practice statewide. Currently, the safety assessment and risk assessment tools are required on all HRA and FAR assessments, to ensure child safety and direct decisions around least restrictive intervention for the family. Like the Consultation and Information Sharing Framework, these tools help professional and community partners establish a common language and an understanding of safety concerns.

Risk and goal statements are created with a family to clearly state the safety concerns for a child and the behavioral changes needed by the caregivers to mitigate these concerns. These statements can be shared with community partners, judicial systems, and extended networks to illustrate the safety concerns for the children. Through a shared understanding that behavioral change is the end goal for families, safety, permanency, and wellbeing is promoted.

There is a focus on including a family, their extended network of supports, and community partners involved with planning and mitigating the safety concerns for children earlier in the process. By engaging people with whom the family naturally surrounds themselves, a true global assessment can be completed on the larger system and development of strategies to maintain child safety can begin.

Creating behaviorally-based safety and support plans is essential to facilitate long term change within a family unit. By utilizing extended networks, action steps are taken by the caretakers and their network to build safety and enhance their protective capacity. Support plans are a tangible step taken with families to minimize the likelihood of similar future maltreatment. They are formulated to maintain stability and safety achieved through casework services.

Child protection is about assisting caregivers to provide sustainable safety for children in the least restrictive setting. One way to monitor this is through behavioral changes. Many services promote, teach, and encourage behavioral changes in caregivers that can be witnessed over time by caseworkers to ensure they are utilized to maintain child safety. Simply being compliant in attending a class is no longer good enough - applying the lessons learned in the class is the goal. When the behavioral change has been demonstrated over time and mutually-agreed-upon goals have been met, child protection can end their involvement in a family's life.

Each of the social work practices are tenants of high quality family engagement and should be used with all families involved with a county, not solely child protection. Each of the social work practices promote family expertise in their own situation, transparency, family engagement, and solution-focused brief therapy to work towards child safety and family unity. These are not new ideas or modalities but a formalization of existing practices to achieve the goals of child protection while working with a family to establish lasting results. These practices and organizational procedures are able to be assessed individually but have been reviewed in their totality within the Colorado Differential Response Model Continued Quality Assessment Summary (2014).

Pilot Program Evaluation

Colorado State University – Social Work Research Center was contracted to complete a 20 month evaluation of the Differential Response Pilot Program. In February 2012 they released the *Colorado Year 1 Site Visit of the Colorado Consortium on Differential Response: Final Report* (Winokur, et al., 2012). They highlighted key successes in the initial implementation as:

A link to the *Colorado Year 1 Site Visit of the Colorado Consortium on Differential Response: Final Report* is available in the appendices.

1. State level coaching was perceived to be extremely supportive;
2. Group supervision was found to be valuable by caseworkers;
3. RED Teams were found to be inclusive and viewed positively;
4. Participating in the program resulted in more collaborative relationships with stakeholders; and,
5. Community stakeholders believe that DR has potential benefits for families involved in the child welfare system (Winokur, et al., 2012).

The review highlighted successes in the fidelity of DR as the development of the screening guide; agency response guides; development of new solution-focused strategies; and, more upfront services being provided to families in a timelier manner.

Opportunities for growth were identified in the areas of training supervisors; some caseworkers not engaging in coaching; consistency in group supervision; recruitment of workers to help facilitate broad based community and agency support as required; establishing common ground for engaging families and protecting children with community stakeholders; and continued documentation regarding Family Assessment Response (FAR) eligibility (Winokur, et al., 2012). These recommendations were utilized to inform practice moving forward.

In April 2014 Colorado State University – Social Work Research Center released the *Program evaluation of the Colorado Consortium on Differential Response: Final Report* (Winokur, et al., 2014). The overall findings from the Differential Response Pilot Program were positive in regard to child safety, family well-being, family engagement, caseworker satisfaction, community buy-in, and cost neutrality. The researchers reported the most promising finding is the potential for long-term child safety benefits and cost savings due to lower level of re-involvement, over time, for families that received a FAR from the county (Winokur, et al., 2014).

A link to the *Program evaluation of the Colorado Consortium on Differential Response: Final Report* is available in the appendices.

Re-referral rates are a common way to measure safety and efficacy of child protection services intervention. Colorado State University – Social Work Research Center found families who received a FAR were 20% less likely to be re-referred for future maltreatment during the course of the study than families who received an investigative response (Winokur, et al., 2014). This suggests that participating in FAR may be more likely to facilitate long-term sustainable change of the abuse and/or neglect behaviors within the family unit. No negative impacts on child safety were identified for families receiving FAR, meaning that FAR is as effective in preventing harm as HRA for low to moderate risk families (Winokur, et al., 2014). In regards to child permanency, they concluded there was no significant difference in the number of children entering foster care. This finding potentially lends to county cost-savings from children placed in out of home care.

Researchers found that FAR families were more likely to receive services to meet their material needs as well as ongoing services (Winokur, et al., 2014). Colorado State University – Social Work Research Center found there was not a statically significant difference in parental satisfaction in their treatment by caseworkers, however families receiving a FAR reported being more likely to contact their caseworker in the future, if needed (Winokur, et al., 2014). This may be extremely important and relate to decreasing future maltreatment of children by parents proactively seeking out preventative services from the county.

Caseworkers reported seeing a decrease of challenging behaviors from families after the implementation of DR in both FAR and IR responses (Winokur, et al., 2014). This may result in decreased employee turnover from workers experiencing secondary traumatic stress which leads to burnout. Caseworkers reported being satisfied with the initial and ongoing implementation of DR and were very positive about the systemic change Colorado Differential Response Model prompted. (Winokur, et al., 2014). DR has the potential to lead to an increase of employee retention in the child welfare field. On a Likert Scale of 1-5 caseworkers and supervisors

averaged a mean of 3.4 when asked if they were more likely to remain in the field due to the implementation of DR (Winokur, et al., 2014).

Community partners overwhelmingly participated in DR trainings offered by the counties. Domestic violence (DV) service providers reported an increase in collaboration with caseworkers since DR implementation, resulting in joint home visits with families and an increase in accountability of DV offenders. Mental health and substance abuse providers reported partnering with caseworkers more frequently to connect families with programs best suited to their needs. Some law enforcement representatives conveyed a positive impact of the implementation of DR. They reported a greater consistency of practice and caseworkers engaging with them when families needed help. Other representatives viewed DR as a conflict in their agencies' roles and collaboration. This may be due to law enforcement involvement in determining whether a crime occurred and caseworker involvement to assess for safety and to addressing the underlying cause of the maltreatment. Judicial partners viewed DR positively and noted a decrease in families coming to their attention, who may have not been appropriate for court-involvement. This may allow the courts to devote their resources to families who truly require involvement (Winokur, et al., 2014).

Researchers found the initial cost differential of a family FAR versus HRA to not be statistically significant (Winokur, et al., 2014). One of the most promising findings is the potential for long-term cost-savings to a county. After the initial FAR or HRA was closed, Colorado State University – Social Work Research Center proceeded to analyze any cost associated with those families incurred by the county in the following 365 days. These costs included families having subsequent caseworker contact, service provisions and out of home placement. They found that families who initially received a FAR incurred significantly less cost to the county in the following year compared to families who received an HRA (Winokur, et al., 2014). This long-term cost-savings may be correlated to organizational processes of DR.

In July 2014, The National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR) released their *Final report: QIC-DR cross-site evaluation*. QIC-DR validated Colorado State University – Social Work Research Center's data collected during their evaluation of the Colorado's Differential Response Pilot Program. Overall, QIC-DR concluded a fully-implemented DR model should be seen as a modification to the current child protection services system, which also influences how HRA is implemented and delivered (National Quality Improvement Center on Differential Response in Child Protective Services, 2014). The impact may not be solely on different outcomes for those who come to the attention of child protection services, but rather widen the reach and influence to other families who may be at risk or vulnerable (National Quality Improvement Center on Differential Response in Child Protective Services, 2014).

CHAPTER 2

In Colorado, Child Protective Services is responsible for responding to reports of suspected child abuse and/or neglect that are made to county departments of human services. The reports are subject to the Code of Colorado Regulations, Volume VII and the Colorado Children’s Code, Colorado Revised Statutes, Title 19. When a report of alleged maltreatment is received by an agency, it is initially screened by a supervisor. The supervisor will either assign the report for an immediate response or the report will be reviewed by the Review, Evaluate, and Direct (RED) Team (see definition below). The RED Team first determines whether or not the report meets criteria for assignment. If the report does meet criteria, then the RED Team determines how quickly the county department of human/social services must respond. For county departments that have implemented Differential Response, the RED Team also determines the appropriate track. If the allegations in the report are low to moderate risk, the report would be appropriate for Family Assessment Response (FAR); or if the allegations are high risk and the report needs a High Risk Assessment Response (HRA).

Pilot County Reports on Differential Response

Per 19-3-308.3 (7), all counties who participated in the Differential Response Pilot Program were required to report back to CDHS with their experience with Differential Response (DR). Reports were received by all eight counties, including Arapahoe, Boulder, Fremont, Garfield, Jefferson, La Plata/San Juan, and Larimer Counties. CDHS also preformed site visits to the counties, with the exception of La Plata/San Juan, for a continuous quality assessment (La Plata/San Juan was excluded as they had not been practicing DR for a calendar year). All reports were submitted to CDHS prior to November 1st, 2014. The common themes reported by each county were: confidence and support of continuing the expansion of DR throughout Colorado; DR is more than just a dual track response system; and DR has become a part of practice from the initial report through permanency. DR was reported as a foundation for daily practice, positively impacting a multitude of county systems, and embracing a culture change while holding child safety paramount.

A link to the County Reports are available in the Appendices.

Arapahoe County

Arapahoe County was one of the first Differential Response Pilot Program counties to introduce DR. They describe the model as “creating a significant system of change beyond the front door of Child Protection and has positively impacted practice in multiple ways through the entire system.” Through the implementation process, Arapahoe County identified that no one person

can do what is necessary to meet the needs of children and families when there is concern of abuse and/or neglect. They, along with CDHS, and other Differential Response Pilot Program counties worked to design a model that is “robust and dynamically safety focused” that seeks engagement from the community and professionals.

Arapahoe County chose Partnering for Safety as a practice model. Partnering for Safety is a program designed to give caseworkers and supervisors tools and strategies for engaging and working with families while they are involved with the child welfare system. The model was identified as a good fit for the counties philosophy around solution-focused practice. Over this past year, Arapahoe County has rolled out the training series to the entire staff, including their management team.

Arapahoe County has adapted the *Signs of Safety* consultation process as a model for their group supervision. *Signs of Safety* group supervision is a facilitated process used to help caseworkers think critically about creating a comprehensive and balanced assessment. This process was developed from the book *Signs of Safety* written by Andrew Turnell and Steve Edwards. The book offers a solution-focused approach to working with families in the child welfare system. Group supervision in Arapahoe County is a regularly scheduled event for caseworkers to bring assessments or cases for consultation. Arapahoe County describes group supervision as a powerful tool for creating a culture of trust, openness and shared learning within a team.

Along with their community partners, Arapahoe has worked with other counties to develop many programs to enhance the abilities to serve their families. Through Tri County Health Department, they are able to make referrals for services in a number of different areas. Some of the service areas identified for families in need include:

- Life skills;
- Parenting;
- Expanding support systems;
- Youth services; and/or,
- Communication and family dynamics.

Funding provided by the Differential Response Pilot Program was beneficial and was utilized for training and DR evaluation. CDHS now provides training in order to decrease cost for counties wishing to implement DR. Arapahoe County also made some decisions about using staff development dollars for training in different areas as a result of DR.

Arapahoe County uses a family meeting process that they developed prior to the implementation of DR. The LINKS (Listening to the Needs of Kids) meetings were launched in 2008 by Arapahoe County. LINKS is a family-centered planning and team decision-making model. Although LINKS started prior to DR, it incorporates many of the key elements. LINKS is a facilitated meeting that brings together people who can support and strengthen the family.

In 2012, family engagement through LINKS was evaluated by Colorado State University - Social Work Research Center. Through this study, families reported the process took into account their strengths, needs and resources as a family. The majority of families reported leaving the meeting

with an understanding of the safety concerns for their child (ren). Families reported being engaged in creating plans for themselves, which heightened confidence in being able to achieve goals and build safety for their children. Staff and community stakeholders also reported feeling engaged and viewed LINKS as a positive avenue by which to address key issues to a child's safety and welfare, hear from the family and develop a customized plan congruent with the family's strengths and needs.

Arapahoe County identified challenges around high workloads and staff turnover. They built in a process for including staff in decision making meetings when challenges arise. They continue to build to their practice, expanding to include prevention services as an additional track to provide community based services to families in need of support and/or education.

Boulder County

In October 2013, Boulder became the first expansion county in Colorado to implement DR. DR was a natural fit for Boulder County as they were already structured to meet the needs of the county in both social services and housing areas of need. They are uniquely blended to provide front -loaded services to address basic needs for families.

The Boulder County Family and Children Services Division identified the following areas of focus:

- Safety is our number one priority;
- Families are our partners;
- Our philosophy has, at its core, a focus on early intervention and prevention;
- Children have a voice in the decisions that affect them; and
- Partnering for Safety.

Through these areas of focus, Boulder County works with families to keep children safe with their caregivers, but also realizes they may need to intervene. Boulder County views families as partners who should be treated with dignity and respect, who are included in decisions that affect them and their children. The philosophy of Boulder County is to “intervene early and well in the least intrusive way with families and individuals to prevent deeper systems involvements and to promote sustainable self-sufficiency, safety for all individuals and independence”.

Boulder County has a strong community-based infrastructure that supports prevention and intervention to invest in their most vulnerable citizens. Boulder County believes when children come into care they must be connected to resources necessary for their health, education and well-being, and successful transition to adulthood.

Over the past year, Boulder County collected data that supports their practice and the implementation of DR offers positive outcomes for the safety, well-being and permanency of the children they serve. In 2014 they were able to show a significant reduction in the number of families who were re-reported for abuse or neglect. For FY 2014-15, they were at 95.6% for absence of abuse or neglect recurrence. They also identified an increase in the use of relatives

for first-time placements and a substantial increase in the number of children who remained home with services. For FY 2014-15, children with open cases were less likely to enter out of home placement with 86.9% of children remaining home. Of those children needing out of home placement, 30.10% were first placed with a relative.

Boulder County believes DR complements their practice. The county implemented a rigorous training model for their staff that includes the use of specific tools and strategies that focus on safety, honesty, and transparent engagement with their families.

Fremont County

Fremont County reported DR is now the foundation of their daily practice in child welfare. “These new practices, as well as the implementation process, have brought forth a complete culture change.” Following the implementation process in 2010, Fremont County reports their social work practice shows little resemblance today to their previous practice in many aspects.

With DR now identified as “standard practice,” Fremont County identifies high family and staff satisfaction. Fremont County reports more calls from families post successful assessment closure for additional resources or a “booster session.” Fremont County stated, “DHS is no longer viewed as only here to remove children or punish parents. We are often viewed as support and a resource”. Ten out of forty Fremont County casework staff have been with the county since initial implementation. Of the ten, nine would say “Differential Response has positively impacted their practice and thus their work satisfaction.”

Fremont County reports they have been able to front-load almost every Core Service their agency offers. This provides them with the opportunity to provide services internally, rather than contracting with outside agencies. Some of the services they are able to provide include:

- Life skills;
- Home-based services;
- Functional Family Therapy; and/or,
- Love & Logic Parenting.

Some challenges identified by Fremont County during the implementation of DR were due to internal changes of their Child Welfare Administration. These changes created a delay in the development of a thorough and sound plan for implementation. Along with the administration changes, a few long-term employees choose to change career paths. Fremont County also identified high turnover in the past four years. Although they do not relate the turnover to DR, there were challenges in training staff on the Colorado Differential Response Model components.

A second challenge identified by Fremont County was the assignment of reports alleging any form of domestic violence or substance abuse. These reports were traditionally given HRA responses, but with training and support, some families referred with domestic violence concerns were then assigned as a FAR. This was a “short term challenge” that has changed with practice and engagement of community partners. Through the shift in practice supported by training they were able to gain comfort in assessing for safety and mitigating risk within FAR.

Fremont County describes DR practice as enhancing their abilities to work with families. They state it has given them an opportunity to provide proportional responses to families based on the level of risk. They strongly recommend that DR continue to be implemented in Colorado.

Garfield County

Garfield County reports they are continuously evolving and improving their practice. They describe their practice as “striving to deliver quality service in a family engaging manner while holding child safety paramount.” The report identifies that DR may be introduced as a “dual track.” However, there is a cultural change within the everyday child welfare practice that happened over time.

Garfield County identified how DR trainings provide a strong foundation in their practice around engaging families. Garfield County identified using tools, such as three columns along with solution-focused questions, have helped give families a sense of empowerment and partnership. The three columns approach lets the caseworker identify with a family what is going well for them, what they are concerned about, and what changes need to happen. By collecting this information, caseworkers can work to build a plan with the family to mitigate risk and build safety for children. For example, the county shared one case in which a worker completed a three columns approach with a mother who started to cry and said “no one has ever told me about all the strengths I have.” In another example, a caseworker using solution-focused questions allowed a mother to identify what needed to happen. She was able to tell the caseworker that she had extensive substance abuse issues and she needed her child to stay with a relative. The caseworker was able to maintain engagement and control for the child’s safety utilizing the supports identified by the mother until she entered treatment and was able to establish sobriety for a period of time. “The mother continues to call the worker a year later and report how they are doing and inquire about resources.”

Through implementing DR, Garfield County focused on engaging their community. They report, “The community has embraced and supported the changes that have been incorporated and understand that practice has shifted.” One of the main community supports identified is their schools. School staff often participates in family meetings and can be a part of building a plan for children and families.

Since the beginning of the Differential Response Pilot Program, Garfield County has maintained their original FAR caseworkers. Over time, they added two more caseworkers to the FAR track. Caseworkers in Garfield County report particular areas of satisfaction as using the tools and techniques they have learned through training to engage families that have led to a sense of accomplishment in their work. Garfield County reports the use of RED teams, family engagement meetings, and group supervision engages the whole department to have a sense of responsibility for family outcomes. An added positive outcome is the opportunity to build communication, teamwork and cross training for supervisors and caseworkers.

Garfield County identified a shift in spending for families involved in child welfare. They utilized community agencies to serve families, eliminating the need for the family to access services through child welfare. Garfield County also shifted funding to provide short-term up-

front services, which may have an impact on savings in long-term outcome costs. Garfield County reports a decrease in the number of children placed in out of home care. Although this is not completely due to DR, the county is confident the practice enhanced their ability to engage community agencies, support families and create plans to safely maintain children in their homes.

Garfield County reported similar challenges as Fremont County in assigning substance abuse and domestic violence as FAR. Garfield County worked on this by “trying on” processes and then adjusting as needed.

Garfield County is committed to the Colorado Differential Response Model, stating “there is no going back.” Garfield County points to numerous positive outcomes including: families’ experiences; worker job satisfaction; and support from their community. Garfield County also supports the ongoing evaluation of DR as the “long term outcomes reflecting the full impact of Differential Response will take many years to realize.”

Jefferson County

Jefferson County describes DR as “more than just the creation of a dual-track system for assessments of child abuse and neglect; the implementation of DR has resulted in system-wide practice change from screening to permanency”.

Through the DR and Partnering for Safety, the agency works internally and with families, service providers, and the community to put their mission and guiding principles into action. Jefferson County has worked to articulate and define their five Practice Standards:

- Thorough and balanced assessment;
- Family Engagement;
- Collective Decision Making;
- Permanency; and
- Outcome-Driven.

Through DR, Jefferson County adopted the expectation of solution-focused casework. Jefferson County describes solution-focused as completing a thorough and balanced assessment through every contact with a child, youth, parent, and family. During each contact, caseworkers explore with the family the reason for child welfare involvement, strengths, complicating factors, risks, and safety concerns. By using solution-focused casework built on Partnering for Safety, Jefferson County strives to slow down the decision making process and allowing for critical thinking.

Jefferson County is committed to ongoing diligent searches. In order to ensure effective family engagement, they work to identify, locate and involve children’s relatives, including non-custodial parents. When needed, this search assists in locating a caregiver or relative for a child who were not previously identified. This engagement may include former foster parents, coaches, mentors, teachers, and neighbors.

Jefferson County provided the following testimonial from a client who was involved with the division in 2014:

On life's unexpected occasions where a person can play out the worst type of wickedness to hurt other people, usually the direct family members, we became overwhelmingly vulnerable and in desperate need of listening ears, sound judgment and constructive help. The recent visit from the Jefferson Department of Human Services Office demonstrates such timely help to me and my son... I totally appreciate the work of the DHS office I had the privilege to encounter currently. The help I received in the form of listening, asking proper questions, analyzing, affirming and following-up makes a tremendous difference for my day and that of my son. I am very grateful for the existence of such service office and to the people working in the offices. The emphasis on serving the children and women and giving them a chance to have their voice heard is a sign that shows how good and strong the community is for which I deeply appreciate.

Some of the challenges identified by Jefferson County revolved around staffing issues and turnover. While Jefferson County reports a high turnover of staff, they identify most staff remained in the field and were recruited by other counties to assist with the implementation of the Colorado Differential Response Model with a new employer. This was not anticipated and created additional challenges around hiring and training new staff. A supervisor reported the following about staff she worked with:

Initially it was difficult to connect how the trainings regarding *Signs of Safety* and the practice tools would change the work we do in Child Welfare, however it became obvious after hearing feedback from several families. Hearing comments such as, "I felt heard. Thank you for listening to our ideas", "Thank you for being willing to include our extended family in the process," and "I appreciate knowing exactly what it is that you are worried about," validated that we are doing a better job of partnering with the families we work with and allowing them to be an expert on what has worked in the past in order to develop plans to create current and future safety for children.

I was promoted to a Lead Caseworker and I was utilized to mentor and train new caseworkers and graduate school Social Work interns. The conversations we had about the case practice and our work with families had common themes such as feeling that the practice felt more like social work rather than policing families and that relationship were being built with families.

Another challenge identified by Jefferson County was engaging law enforcement around misunderstandings and fears about the change to DR. This is an ongoing challenge but is being remedied through continuous conversations around understanding the consistent focus of all assessments is child safety. Jefferson County identified that, "Engagement strategies for all stakeholders are essential to make system improvements and course corrections along the way for continuous quality improvements".

Jefferson County strongly recommends the continued implementation of the Colorado Differential Response Model throughout the State of Colorado. For Jefferson County, the implementation of DR has created a systems change from screening to permanency. Jefferson County employs a practice model utilized by every caseworker to engage families and assess safety and risk in every contact.

La Plata/San Juan County

La Plata/San Juan County began utilizing DR in May of 2014. La Plata/ San Juan County reports that they have embraced the philosophy of DR by working with families in supportive and strength based ways.

The majority of caseworkers feel supported by DR. Specifically, they reported seeing improved decision making out of RED teams. Caseworkers identified RED teams as giving them an opportunity to get different perspectives and ideas from other caseworkers.

Since the implementation, one of the caseworkers reported that she liked being able to call and set up an appointment with families. The caseworker felt this worked for the family and herself and helped with overall transparency. The caseworker also identified being “armed” with a bunch of community resources which the family might not be aware of. The caseworker was able to give the following example:

I feel I had success with one mother who was closed off when I arrived, and did not want to talk to me. Once I offered her information on the community’s legal self-help aid, she opened up and I was able to get answers in order to do my assessment. I think it helped her feel like I was a little more on her side. I think the transparency may help the parents become motivated to do some things (enroll in therapy, for example), that they might not do otherwise. I think it helps to talk the families through their strengths and weaknesses in order for them to identify where they need the most support. In some cases, I think it is helpful for the parents to be able to hear what their children have to say about their family.

La Plata/San Juan County believes families appear to appreciate the time and effort around their interactions with staff. Caseworkers are able to identify how the framework has helped to organize information so families have an understanding of why child welfare is involved and setting “clear” next steps towards a final safety goal.

The majority of caseworkers report feeling supported by the Colorado Differential Response Model. They identified RED teams as an area that has helped with improving their decision making. The caseworkers also stated they appreciate the opportunity to hear different ideas and perspectives through the process.

La Plata/San Juan County reported challenges that were also identified by other counties during their early implementation phase. Some of the challenges they identified were:

- Learning how to talk with families together;

- Completing FAR's with vulnerable populations;
- Assigning FAR for domestic violence;
- Engaging families and assessing for safety concerns in family meetings; and,
- Extensive training requirements.

La Plata/San Juan County supports the ongoing implementation of the Colorado Differential Response Model with the ongoing support from CDHS and other counties that have previously rolled out Differential Response.

Larimer County

Larimer County was one of the first counties to embrace DR and helped to move the Differential Response Pilot Program forward in Colorado. Their mission statement is:

Larimer County Department of Human Services (DHS), Children Youth & Families Division (CYF) supports the right of children to be safe. We believe it is the whole community's responsibility to support and ensure the welfare of children. Our goal, as partners with the community, is to provide access to information, assessment, intervention and services that support children remaining safe, stable and intact within their families and communities while respecting the culture of each family.

They adapted the DR model from the work of Rob Sawyer and Sue Lohrbach. The essential components of their model are:

- Safety Organized Practice;
- Constructive Engagement;
- Family, extended family and community inclusion (Family Search, Family Meetings, and follow-up);
- Collaborative Engagement(multiple agencies, Families, and communities);
- Research Utilization;
- Responsible Use of Authority; and,
- Assessment of Risk and Protective Capacity.

Through DR, Larimer County works with families to provide clear definitions of why the agency is involved with a specific ending safety goal. This engagement is reflected in their belief that "people will support what they have a hand in creating." By seeking out and including extended family, a facilitated conversation occurs and a plan is developed for safety and permanency of children. This plan includes supports identified by the family which may be non-traditional family and community members.

Larimer County fostered relationships with community partners that are essential to building safety for children and families. Larimer County works with partners to establish and maintain a shared vision and purpose to maximize resources. This effort creates a necessary partnership with child welfare, community agencies and families to prevent duplicate service provisions.

Larimer County and Colorado State University – Social Work Research Center work collaboratively to ensure their priorities and practice is supported by research. In order to achieve the best outcomes for children, Larimer County believes their practice needs to be “grounded in evidence-based practice.” One area of interest and influence on their practice is research around the trauma caused to children by placement in “stranger care” and the poor outcomes of institutional care.

The commitment to DR provided children and families with a clear voice in the process. In a testimonial from a Larimer County family (2013) they reported the following:

Our life has completely changed for our family. Before we volunteered for this case we already knew we needed help with a few things we struggle with. So the help was 100% accepted by us. This is not a case we are trying to, “just complete,” to get DHS out of our lives. It is help we greatly appreciate. Finishing our plan was a great accomplishment for our whole family and support system. When we finally let DHS know our problems & let them know we wanted help they were very supportive. I felt from the beginning that DHS truly believed we could change and believed us when we said we wanted to change. I could go on for days talking about our changes, feelings, and appreciation. The bottom line is we were able to quit drinking which was something we did not imagine was possible and plan on keeping our sobriety. We have so much more without drinking. WE COULD NOT HAVE DONE IT WITHOUT YOUR HELP AND SUPPORT. Our sobriety is very important to us and our future.

Larimer County provided a table of safety and permanency outcome comparisons from prior to implementation in FY 2004/2005, at implementation in FY 2009/2010, and recent practice in FY 2013/2014. Some of the data shows marked improvement such as:

- The average days for a child in placement went from 335 in FY 2004/2005 to 160 days in FY 2013/2014.
- Number of children in out of home placement for 24 months or longer went from 110 in FY 2004/2005 to 28 children in FY 2013/2014.
- Children in Congregate Care went from 71 in FY 2004/2005 to 15 in FY 2013/2014.
- Percentage of first placement with a relative went from 31.49% in FY 2009/2010 to 50.3% in FY 2013/2014. There was not data for this area in FY 2004/2005.

Larimer County continues to seek out practice to achieve better child welfare outcomes. DR is much more than a dual-track system and has the ability to be a major shift in the approach to child welfare.

Lessons Learned

In their reporting, pilot counties described lessons-learned to benefit the expansion of DR to expansion counties. Engaging stakeholders and community partners is essential to the successful implementation of the Differential Response Systems Model. Expansion counties need to also consider reallocating or modifying staffing patterns to support front-loading services and increasing engagement throughout the family’s involvement with child welfare. This

commitment to engagement needs to also parallel the counties' external procedures. Garfield County stated, "If there is an expectation that workers will approach families differently, then supervisors need to approach workers differently." Some other experiences gained through the pilot process include:

- Planning, training, and support for caseworkers are important in addressing challenges;
- Development of an internal Continuous Quality Improvement process is necessary to ensure accountability;
- A strong state/county partnership is essential for successful implementation; and,
- Change is inevitable and should be expected and embraced.

Pilot County Recommendations

The pilot counties were all in favor of expanding the Colorado Differential Response Systems Model throughout the State of Colorado. Many of the counties stated that a DR model offers counties the opportunity to provide a proportional response and flexibility in approaching and engaging children, youth and families, while still performing a rigorous and balanced assessment for safety and risk. They pointed to CSU's evaluation of the pilot program to illustrate that children are just as safe through a FAR as they are through an HRA. Pilot counties reported a shift in practice throughout their agencies, which resulted in positive impacts on children, youth and families in all phases of their involvement within the child welfare system. All believed it would be beneficial to have ongoing research on Colorado's Differential Response Systems Model moving forward. One area of attention for the research is a long term cost-benefit analysis. Another area is the rate of re-referrals or re-involvement by families in a Differential Response Model.

County Quality Assessments

A recent review of the quality of practice and uniformity of the DR programs in six counties was completed, with encouraging results. The six counties reviewed were: Arapahoe, Boulder, Fremont, Garfield, Jefferson, and Larimer Counties. While each county excelled in specific areas, each county received the highest scoring level achievable, High Quality Practice, utilizing the Colorado Differential Response Model Continued Quality Assessment Summary (2014). All reviewed counties exhibited a high level of understanding, organization, and continued quality improvement in regards to all nine components of a differential response system.

The process of reviewing the quality of practice begins with scheduling a full day for at least two CDHS child protection unit members to visit a county. Each county set their own agenda for the day but all visits must address: county differential response system; enhanced screening; RED teams; group supervision; facilitated family meetings; front-loaded services; support planning; training; and consultation for partnership-based collaborative practice; and

A link to the Colorado Differential Response Model Continued Quality Assessment Summary is available in the Appendices.

continuous quality improvement. This is achieved through direct observation, data review, and discussions with county leadership and casework staff. Once a site visit is completed, a written summary is provided to the county and then made available for other DR counties via the Differential Response Leadership Council.

Arapahoe County Quality Assessment Summary

On October 27, 2014, three CDHS child protection team members observed the organizational processes and social work practices of Arapahoe County in their office in Aurora, CO. It was clear the leadership of the county fully supported DR as an entire county shift in practice - not just in child protection, but in how the county interacts with families. Arapahoe County received a High Quality Practice score on the Colorado Differential Response Model Continued Quality Assessment Summary (2014). Arapahoe County excelled in the areas of community partnership, training, and facilitated family meeting processes. Their Listening to the Needs of Kids (LINKS) process stands out as an example of a high quality family-centered planning and team decision-making model. This model fulfills the facilitated family meeting requirements of DR practice, but also goes beyond to affect families involved in multiple ways throughout the entire system. Since its inception, over 12,000 LINKS meetings have been held, which connect families, service providers, foster parents, Guardians ad Litem, and caseworkers to work towards shared goals.

Boulder County Quality Assessment Summary

On October 1, 2014, two CDHS child protection team members met with Boulder County leadership and caseworkers to observe their DR organizational processes and social work practices. Boulder County explained how they had completely integrated the DR social work practices into their county philosophy. Boulder scored a High Quality Practice rating on the Colorado Differential Response Model Continued Quality Assessment Summary (2014) and excelled in their utilization for group supervision and community partnership. Boulder County does staffing's with a community domestic violence shelter and employs the same framework and structured meetings as they do in facilitated family meetings, RED Teams, and group supervision. Boulder has also hosted a number of DR informational trainings which were open to the public and all service providers to ensure a continuity of language when working with families.

Fremont County Quality Assessment Summary

Fremont County was visited by two CDHS child protection team workers on October 2, 2014, who met with the leadership team and caseworkers to assess the quality of the DR practice. The county leadership and staff share a commitment to the safety, well-being and permanency of children and youth. Fremont County scored as a High Quality Practice using the Colorado Differential Response Model Continued Quality Assessment Summary (2014) and excelled at the practice of RED Teams. Fremont County is able to have the entire child protection unit meet to discuss and decide the disposition of each report of abuse or neglect. They are also able to "re-RED Team" some of the referrals after further information has been gathered. This practice

translates into a comprehensive understanding by all workers of the work being done within the county and the ability to share pertinent knowledge of other staff members from past interactions.

Garfield County Quality Assessment Summary

Garfield County hosted two CDHS child protection team members on October 7, 2014, to review organizational processes and social work practices. Both leadership and case work staff stated support for DR practices and work with families. Garfield County excelled in the area of continuous quality improvement by utilizing data and case trends to inform direct practice with families. Garfield County leadership reported pertinent data to the county commissioners on a monthly basis as a way to connect the social work practice to county governance. Garfield scored as a High Quality Practice utilizing the Colorado Differential Response Model Continued Quality Assessment Summary (2014) and continues to illustrate how DR can thrive in a county with a smaller population.

Jefferson County Quality Assessment Summary

Jefferson County leadership and caseworkers hosted two CDHS child protection team members on October 23, 2014, to assess the DR quality in the county. Jefferson County scored as a High Quality Practice due to their high scores on the Colorado Differential Response Model Continued Quality Assessment Summary (2014) and excelled in the enhanced screening and continuous quality improvement areas. Jefferson was the first county to offer a computerized enhanced screening program to assist screeners with taking a thorough referral with balanced and comprehensive information. The screeners are very familiar with the system and it was evident from high quality referrals taken during the site visit. This high level of information gathering can help ensure better decisions are made during RED Teams and the most appropriate services are provided to families.

Larimer County Quality Assessment Summary

On October 20, 2014, two CDHS child protection team members visited with the casework and leadership staff in Larimer County. Larimer County received a High Quality Practice rating from CDHS staff at the completion of the site visit. Larimer County excelled in a number of practices of DR, but their focus on community partnerships and data-driven practice stood out. Larimer County works continually to form partnerships with community services providers. At times the county monetarily incentivizes programs which promote the DR practice with families. Larimer County also contracts directly with Colorado State University – Social Work Research Center to review tools and practices, their corresponding data points, and resulting outcomes, to ensure best practices are being completely utilized throughout the county.

In totality, six counties participated in the CDHS supervised quality assessment process of each county's DR practice. All counties scored in the maximum range of High Quality Practice. There was a high level of consistency in both social work practice and organizational processes

among all six counties. This consistency was evident by the use of a common language when discussing families, utilization of the same assessment tools with families, a high level of competency and use of the organizational processes of DR, and the incorporation of DR throughout the entire agency. While DR allows for each county to have flexibility on how the model is implemented, the consistency of practice and fidelity to the Colorado Differential Response Model was maintained.

County Survey Results

In October 2014, the CDHS sent out a survey to the counties in the Differential Response Pilot Program as part of continuous quality practice. The goal of the survey was to determine how county staff felt about components of Differential Response. The survey asked questions about different values of Differential Response practice. A Likert scale was used for items 1-28 with the following values:

- Strongly Disagree;
- Disagree;
- Neither Agree nor Disagree;
- Agree; or,
- Strongly Agree.

The survey explored organizational processes such as RED teams, Group Supervision, and Facilitated Family Meetings and knowledge of resources in their communities. Two hundred and forty responses were received. If a person did not choose “agree” or “strongly agree”, that person was able to skip questions 19 through 28 and move straight to question 29. These questions dealt specifically with Differential Response practice, family engagement and participation, enhanced screening and improved decisions for families. Questions 29 through 32 collected demographic information. The survey concluded with an open-ended question asking if there was anything else that would be helpful to know about Differential Response in the county.

The overarching theme in the survey responses was satisfaction with the practice processes and principles of differential response. In all questions the majority rated the practice as “agree” and “strongly agree”. Participants provided 32 comments. Most comments were favorable to Differential Response, but reflected concerns about ongoing workload issues driven by the practice. An example summarizing the positive comments was:

People slowly came on board and now can't imagine doing casework any other way. DR has become a part of our culture. Our practice is now transparent, when before reasons for involvement were not clear to the worker, which led to confusion by families. After 15 years in child welfare, DR and family engagement have been the greatest positive changes implemented.

Some other comments to be considered during a planned expansion include:

- Need for ongoing training, coaching and mentoring;
- Concern for worker burn-out;
- Ongoing opportunities to provide feedback at the county and state level;
- Balancing time for spending time with families and meetings;
- Ongoing challenges of paperwork; and,
- Retaining caseworkers and balancing workloads.

The survey results were positive about DR practice moving forward, while reflecting the need to be thoughtful about the process.

CHAPTER 3

Expansion Plan

Colorado's expansion of Differential Response (DR) has been executed in a deliberate and methodical process to ensure the safety of children, a consistency of practice, and fidelity to the Colorado Differential Response Model. There are many levels of both county and CDHS oversight before a county can be approved to practice DR. The process includes informational speakers, trainings, coaching, technical assistance, meetings, Trails education, and in-county reviews. A larger systems expansion of DR statewide would contain changes to existing data entry systems, data recording and reporting, continual program evaluation, and cost analysis.

The county-specific expansion process was created in 2011 to enable counties not included in the original Differential Response Pilot Program to work towards implementing DR. In February of 2013, nine counties met in Castle Rock, CO, to attend an informational training on DR hosted by CDHS and presented by the Children's Research Center. All nine (Adams, Boulder, Chaffee, Denver, La Plata, Lincoln, Mesa, Otero, San Juan) of the county departments of human/social services directors' wrote a letter to CDHS asking to be part of this expansion. Each county developed their own implementation plan, which was overseen by CDHS, to ensure the plan addressed all components of the Colorado Differential Response Model.

Throughout the next year all nine counties received multiple training opportunities and in-county visits from CDHS, the Children's Research Center, and other national and international experts to aid in the understanding of both the organizational processes within DR and the social work practice changes required. These trainings were designed to be attended by the entire county staff to ensure the work with families is consistent throughout the agency.

Once a county determines they are ready to fully implement DR, the county requests a readiness team complete a site visit of the county to assess the practices and procedures within the county. The readiness assessment team is compiled of CDHS child protection unit members and current practicing DR county members. The team spends a full day observing all the organizational processes and social work practices of DR and conducts interviews with county staff. The team utilizes a structured tool to assess the county for DR readiness. If the county is successful, CDHS reports the results of the site visit to the Executive Director who formally invites the county to participate in the pilot program per Section 19-3-308.3, C.R.S.

On October 31, 2013, Boulder County became the first county to complete the process from beginning to end and was awarded pilot program status. Since that time, La Plata, San Juan, Mesa, Lincoln, Chaffee, and Eagle Counties have all been awarded pilot program status. CDHS has continued to improve upon the expansion process by seeking out feedback regarding challenges and successes impacted by a county's population and

For more detailed information on the current expectations of counties involved in the expansion, a link to the *Colorado Differential Response Model Expansion Plan* is in the appendices.

geography.

Currently, solicitation for county participation occurs annually and is voluntary. The initial informational training is held each year in February with the expectation of completion within the calendar year. The initial informational training in 2014 was held centrally in Denver. Given the geographical location of the remaining non-DR counties, future informational training will be held regionally to best ensure the relevance of the information and to discuss partnering amongst smaller counties. CDHS has combined some of the introductory training material and coaching experiences into the CDHS New Worker and New Supervisor Academy to ensure all workers in Colorado have received DR training. These areas include information on enhanced screening and RED Team utilization. CDHS is also collaborating with the Kempe Center to develop specialized trainings in the areas of facilitation of family meetings and group supervision to ensure the practice throughout Colorado is consistent and holds to the fidelity of the Colorado Differential Response Model. All of the training and coaching sessions are offered in a staggered, rolling timeframe to ensure foundational processes are fully implemented before additional processes are incorporated. The expansion has some flexibility built into it as each county may be starting at different levels of social work practice or some organizational processes may already be in place. This tailoring of the expansion to best fit the needs of each county, while maintaining consistent practice and fidelity has been well received at the county level.

Outside support was heavily utilized in the first years of the Differential Response Pilot Program to ensure trainers had expertise in all areas of DR and a consistent message was delivered to each county. CDHS maintains relationships with international partners such as Sonja Parker, and national experts such as Rob Sawyer and Sue Lohrbach who have worked extensively on DR modalities in Colorado since 2010. CDHS has slowly transitioned to a state expert model as internal capacity and knowledge of DR has proliferated throughout Colorado. CDHS promotes relationships with Colorado-based organizations such as Kempe Center and Butler Institute to assist in training development and delivery as needed. CDHS currently employs individuals who have worked and supervised in the Differential Response Pilot Program both within Colorado county departments, and in two separate state Differential Response programs. Through this expertise, the breadth and depth of DR practice in Colorado is increased.

CDHS continues to collaborate with our internal and external technology partners to improve the functionality and ease of use of the state automated child welfare information system (SACWIS), called Trails, and how it interfaces with DR practice. Trails modifications began in 2010 to accommodate FAR casework. Since that time, Trails has gone through numerous builds along the way to improve the system for all counties including DR counties. Trails was modified twice in 2010, four times in 2011, three times in 2013 and three more times in 2014 to capture the data and documentation needed to support DR throughout Colorado. These modifications only include major builds and not the continual minor adaptations which happen more often and as needed. Members of the CDHS child protection team, who supervise the DR expansion, also sit on the Colorado Trails Users Group (CTUG) to promote changes to the functionality in Trails to match DR practice. The process of requesting changes, the onboarding procedures, and the builds in Trails are an ongoing and routine event.

Trails updates and builds are used to add pertinent data fields into Trails to capture the fullest picture of the work being done with the family in order to best review and analyze the DR practice as a whole. This data is shared with the county partners on a monthly basis during Differential Response Leadership Counsel to help drive practice and examine trends. Data is monitored continuously by CDHS to look for intended or unintended consequences of practice changes along with assuring county practice maintains the high standards expected throughout the expansion process. If data indicates inconsistencies or irregularities, conversations with county partners can begin in a more timely fashion than waiting for monthly reports to be run.

Constant monitoring of both data and practice quality are ongoing components of the DR expansion in Colorado. Most recently the original five Differential Response Pilot Program counties and Boulder welcomed CDHS staff in for a full day of observation and interviews to assess the practice quality and organizational structure of their DR practice. This process will be an annual event in all counties practicing DR fully for at least a calendar year.

CDHS has a strong partnership with Colorado State University – Social Work Research Center who completed the year one and the final program evaluation of the Differential Response program in Colorado. The Social Work Research Center is currently in discussions with CDHS to complete a follow up study of the Differential Response program two years following complete implementation. This study would examine similar data points as the original study but with expanded components to best utilize accessible data as a result of Trails updates. CDHS is also assessing the potential for follow up studies every two years over a ten year period to ensure consistent implementation of the DR program in Colorado and examine opportunities for improvements.

There are a number of changes to current rule and statute which may need to be examined as DR expands to cover the majority of Colorado. Feedback from county partners, Colorado State University – Social Work Research Center, and other interested members will assist in guiding policy changes and oversight. The Differential Response program was audited by the Colorado Office of the State Auditor in 2014. All recommendations made during this process were agreed to by CDHS should DR become a permanent program.

Recommendation 15	CDHS Response
<p>A. If the General Assembly enacts legislation to continue the use of differential response beyond July 1, 2015, the Department of Human Services (Department) should ensure successful expansion of differential response by establishing guidance that clearly defines risk levels that influence whether a differential response assessment is appropriate and clarifies how different factors can influence a child’s risk of maltreatment. This should include working with the State Board of Human Services as appropriate.</p>	<p>AGREE. If the General Assembly enacts legislation to continue the use of differential response beyond July 1, 2015, the Department agrees to establish guidance that clearly defines risk levels that influence whether a differential response assessment is appropriate, and clarifies how different factors can influence a child’s risk of maltreatment. This will include working with the State Board of Human Services to promulgate rules, as appropriate.</p>

<p>C. The Department of Human Services should ensure that counties statewide implement the Review, Evaluate, and Direct (RED) Team process consistently and effectively by modifying Trails so the database fields more closely align with the factors that RED Teams consider during their discussions.</p>	<p>AGREE. The Department agrees to modify Trails so the database fields more closely align with the factors that RED Teams consider during their discussions.</p>
--	---

(Colorado Office of the State Auditor, 2014)

CDHS has worked to lower the cost of DR implementation within a county and to ensure continuous program evaluation statewide. A large cost for counties associated with DR implementation is staff time away from daily duties to attend training. CDHS worked to reduce this by shifting to a state expert model of training to reduce the expense of international and national experts while maintaining the quality of the information distributed to the counties. CDHS began regional trainings to reduce travel time and related costs. Along with the pilot program measures, Colorado State University – Social Work Research Center will also examine the cost of intervention per child in each county and statewide along with other relevant measures.

An intentional and structured expansion with continual monitoring of Differential Response has been in place since 2011. CDHS consistently provided a supportive pathway for counties to begin the process of becoming a fully implemented DR county. The shift to a state expert model ensures CDHS oversight of the training material, its delivery, and the staff providing consistent guidance to our county partners. The Trails system is continually being improved to better capture the work being done with families and to better gather data needed to ensure performance and compliance. Program evaluation is recurrent to ensure DR serves the intended purpose of ensuring the safety of children. The agreed upon recommendations from the Colorado Office of the Auditor will be phased in on the agreed upon schedule to ensure continuity of practice throughout Colorado. CDHS is prepared to continue this expansion of Differential Response should the legislature approve the permanence of this program.

RECOMMENDATIONS

Based on the findings of Colorado State University – Social Work Research Center’s research-based evaluation of the Differential Response Pilot Program, county reports, and the positive impact on the children, youth, and families served, CDHS recommends the Differential Response Pilot Program, in effect since 2009 and extended in 2012, be extended and the “pilot” designation lifted. CDHS recommends the intentional and structured expansion continue to additional counties who are determined ready by CDHS.

CDHS will continue to expand and regulate the nationally tested and proven child welfare practice of Differential Response in the State of Colorado. The expansion of Differential Response will be done through a gradual and thoughtful process, utilizing the Colorado Differential Response Model Continued Quality Assessment Summary [Measurement Instrument] to assess for county readiness. CDHS maintains the ability to monitor and fully administer any and all further expansion of Differential Response.

REFERENCES

- Arapahoe County Department of Human Services, Division of Children, Youth and Families. (2014). *2014 Colorado Differential Response Legislative Report*
- Berg, Insoo Kim . (1994). *Family-based services: A solution-focused approach*. xi 226 pp. New York, NY, US: W W Norton & Co.
- Berg, I, K. & Kelly, S. (2000). *Building solutions in child protective services*. Norton: New York.
- Child Welfare Information Gateway. (2010). *Family Engagement*. Washington DC: U.S Department of Health and Human Services, Children's Bureau.
- C. H. Kempe, Frederic N. Silverman, Brandt F. Steele, William Droegemuller, Henry K. Silver: "The Battered Child Syndrome." *Journal of the American Medical Association*, 1962, 181: 17-24. Tardieu's syndrome.
- Colorado Department of Human Services, Division of Child Welfare. (2014). *Colorado Differential Response System Continued Quality Assessment Summary [Measurement Instrument]*.
- Colorado Office of the State Auditor. (2014) Department of Human Services – Child Welfare. Performance Audit. (Denver, CO)
- Lohrbach, S. (2008). Supervision in child welfare practice. *Social Work Now: The Practice Journal of Child, Youth, and Family*, 40, 19-24.
- Merkel-Holguin, MSW, Lisa., Kaplan, MSW, ASCW, Caren., Kwak, MSSW, Alina., *National Study on Differential Response in Child Welfare; American Humane Association and Child Welfare League of America*. (2006). Retrieved from <http://www.americanhumane.org/assets/pdfs/children/pc-2006-national-study-differential-response.pdf>
- National Child Abuse and Neglect Training and Publications Project (2014). *The Child Abuse Prevention and Treatment Act: 40 years of safeguarding America's children*. Washington, DC: U.S Department of Health and Human Services, Children's Bureau.
- National Quality Improvement Center on Differential Response in Child Protective Services. (2010). *Beyond Investigations: Current Innovations in Responding to Reports of Child Maltreatment*. Englewood, CO. Gilmore MPA, JD, CWLS, Debra A.
- National Quality Improvement Center on Differential Response in Child Protective Services. (2011). *Differential Response in Child Protective Services: A Literature Review Version*

2. Englewood, CO. Author. Retrieved from http://www.ucdenver.edu/academics/colleges/medicalschoo/department/pediatrics/subs/can/DR/qicdr/General%20Resources/QIC-DR_Lit_Review%20version%20%202.pdf

Sawyer, R. & Lohrbach, S. (2005). Differential response in child protection: Selecting a pathway. *Protecting Children*, 20 2/3, 44-53.

Sawyer, R. (2010, April). Introduction to differential response in child protective services. Community presentation, Fort Collins, CO.

Turnell, A. & Edwards, S. (1999). *Signs of Safety: A solution and safety oriented approach to child protection casework*. New York: Norton.

Winokur, M., Drury, I., Batchelder, K., Mace, S., Amell, J., Bundy-Fazioli, K., & Tungate, S. (2012) *Program evaluation of the Colorado Consortium on Differential Response: Colorado Year 1 Site Visit Final Report..* Fort Collins, CO: Social Work Research Center, School of Social Work, Colorado State University.

Winokur, M., Ellis, R., Orsi, R., Rogers, J., Gabel, G., Brenwald, S., Holmquist-Johnson, H., & Evans, M. (2014). *Program evaluation of the Colorado Consortium on Differential Response: Final report*. Fort Collins, CO: Social Work Research Center, School of Social Work, Colorado State University.

APPENDICES

Please click on this [link](#) to review the following documents:

- A. Winokur, M., Drury, I., Batchelder, K., Mace, S., Amell, J., Bundy-Fazioli, K., & Tungate, S. (2012) *Program evaluation of the Colorado Consortium on Differential Response: Colorado Year 1 Site Visit Final Report.* Fort Collins, CO: Social Work Research Center, School of Social Work, Colorado State University.
- B. Winokur, M., Ellis, R., Orsi, R., Rogers, J., Gabel, G., Brenwald, S., Holmquist-Johnson, H., & Evans, M. (2014). *Program evaluation of the Colorado Consortium on Differential Response: Final report.* Fort Collins, CO: Social Work Research Center, School of Social Work, Colorado State University.
- C. COUNTY REPORTS ON DIFFERENTIAL RESPONSE
 - C-1. ARAPAHOE COUNTY
 - C-2. BOULDER COUNTY
 - C-3. FREMONT COUNTY
 - C-4. GARFIELD COUNTY
 - C-5. JEFFERSON COUNTY
 - C-6. LA PLATA/SAN JUAN COUNTY
 - C-7. LARIMER COUNTY
- D. Colorado Department of Human Services, Division of Child Welfare (2014). *Colorado Differential Response Model Continued Quality Assessment Summary [Measurement Instrument].*
- E. COLORADO DIFFERENTIAL RESPONSE MODEL EXPANSION PLAN