

Arapahoe County Department of Human Services Division of Children, Youth and Families

2014 Colorado Differential Response Legislative Report

In 2010, the Colorado Consortium launched as a site for the National Quality Improvement Center the development, implementation and study of Differential Response (DR). In partnership with Colorado Department of Human Services Division of Child Welfare; Colorado State University; Westat and four other Colorado counties, Arapahoe County Department of Human Services Division of Children, Youth and Families (ACDHS) became one of first counties in Colorado history to introduce an alternative practice implemented at the front door of the child protection system authorizing two or more separate and distinct responses to child maltreatment reports as a result of the differences in risk among the types of cases seen in the child welfare arena. The model of DR designed by Colorado has created a significant system of change beyond the front door of Child Protection and has positively impacted practice in multiple ways throughout the entire system. **The non-negotiable set for this pilot and evidenced via rigorous evaluation is that children are as safe in a dual track system as in the traditional one response system.**

While the Colorado model introduced two distinct responses to allegations of abuse and neglect, High Risk Assessment (HRA) and Family Assessment Response (FAR), Arapahoe County designed as an additional level of response post the pilot a Prevention and Early Intervention Response Track which created formally established community based services for families in need of support and or education at a level available in their home communities without formal child protection involvement. Families are referred to Arapahoe County DR Track 1 directly out of screening or the RED Team process.

The Family Assessment Response (FAR) is designed to address concerns about low to moderate child abuse and neglect by:

- Ensuring children are safe
- Building on parents' and communities' strengths and resources
- Working in partnership with parents
- Avoiding negative labels for parents
- Setting aside the issue of fault
- Identifying families' needs
- Providing services and resources matched to families' needs.

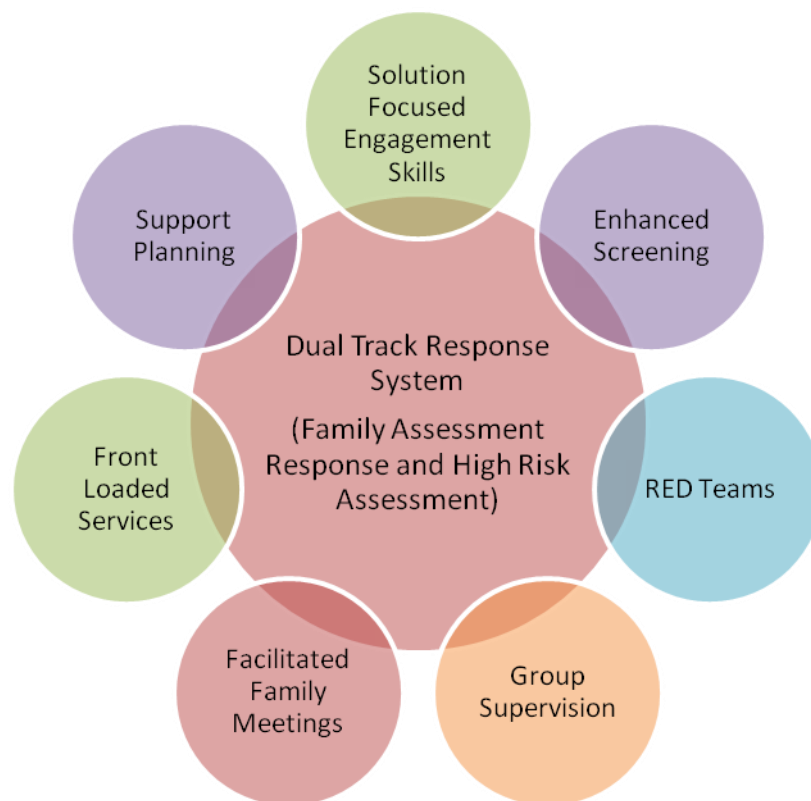
An investigation is not conducted nor a determination or “finding” of whether abuse or neglect occurred made. Instead, the caseworker will discuss safety and risk concerns, identify events or actions that may have caused the situation, and work directly with the

family to create a solution based plan so that parents can keep their children safe with the help of community supports and services.

A High Risk Assessment (HRA) is designed to address concerns of high risk child abuse and neglect and does employ the traditional investigative approach with subsequent findings made following the assessment. Most of these families will become court involved as a result of the high risk and transfer into Permanency Services for ongoing support and treatment.

There are 7 required components to the Colorado Differential Practice Model:

- Enhanced screening
- RED Teams
- Facilitated Family Meetings
- Solution Focused Engagement Skills
- Support Planning
- Front Loaded Services
- Group Supervision



Wrapped around this model is the foundational element of Continuous Quality Improvement assuring fidelity to the model of practice through constant review and analysis of results and outcomes which are then applied to practice improvement.

Not one person alone can do what is necessary to meet the needs of children and their families when abuse or neglect is evident or a risk. Colorado therefore, committed to designing a model of Differential Response practice that is robust and dynamically safety focused and seeks high level of engagement from our communities of citizens and professionals.

Enhanced Screening

Prior to Enhanced Screening, a hotline screener would only document the details of the abuse/neglect. There was often no context for the concerns or if the family had other supports or strengths for the Department to build upon. Enhanced Screening gives screeners a consistent set of questions to ask reporting parties and draws more information out of them in order to better formulate their worries. Enhanced Screening is an opportunity to slow down the process of report taking in order to ensure hotline screeners are asking more in depth and more clinically based information in order to elicit a focus of not only incident driven concerns but also from the reporting party's perspective, what are the family's strengths and identification of who is within the family's support system. Enhanced screening also encourages most reporting party's to determine what their role is within the family dynamics and create positive thinking of how they might be of assistance to the family future forward rather than place sole ownership of the concerns upon the Department. Lastly, enhanced screening allows RED teams to have more detailed information when decisions need to be made about Department involvement and response and gives better insight to the teams of what is going well and what are the worries for the family.

RED (Review, Evaluate and Direct) Team

Prior to implementation of RED Teams, it was customary for all decision-making at the point of referral to be made by one supervisor. RED Team allowed Departments to have shared ownership Department wide for those decisions. RED Team is an innovative decision-making approach to the screen out and acceptance of referrals for assignments. The referral acceptance decision is a very crucial initial step that is made regarding the safety of children after a report is made to the Department. RED Team is a Team Decision Making model which provides a structured format for reviewing all referrals. The team includes representation from all areas across the Department. It established a structured framework and process to review alleged reports of child maltreatment, evaluate the available information and give direction regarding the agency response. This model works and provides a more in depth analysis to determine the Department's role and resources for the family.

What does RED Team Decide?

- ✿ Does the report of alleged child maltreatment meet the statutory threshold for intervention?
- ✿ If so, what is the appropriate response time?

- ✿ If it does not meet the threshold of child protection intervention, should it be referred for child welfare and/or community or early intervention services?
- ✿ Does the accepted report require a forensic or High Risk Assessment Response (HRA) or an alternative, Family Assessment Response (FAR)?

Prevention and Early Intervention Track Services

Arapahoe County has developed and still growing a Prevention and Early Intervention Program called First (DR Track 1) providing community based services for families in need of support and/or education at a level available in their home communities without formal child protection involvement. Families are referred to DR Track 1 directly out of screening or the RED Team process when the allegations of abuse or neglect do not rise to the level of assessment but do merit intervention.

LINKS (Listening to the Needs of Kids)

In 2008, the Arapahoe County CYF Division launched LINKS (Listening to the Needs of Kids) as a family-centered planning and team decision-making model. LINKS is a one to two-hour facilitated meeting held at county offices to discuss the issues that brought a family to the Department's attention and make a plan to resolve safety concerns. LINKS brings together many people who can support and strengthen the family. Parents are asked to invite their friends and family members. In addition, Guardians ad Litem, foster parents, service providers, as well as Department caseworkers and supervisors are invited to participate. Every family is invited to a LINKS within 72 hours of new involvement in the system and again at least every 90 days for the time the case is open.

In 2012, the level of family engagement in LINKS was evaluated by Colorado State University's Social Work Research Center. The study found overwhelmingly positive results. Families who attended LINKS reported they felt the process took into account their strengths, needs and resources as a family. The majority of families said they left with an understanding of the safety concerns for their child and what was expected of them. Most importantly, families felt they had been treated like true experts in planning, and were confident that they could take the next steps to build safety for their child.

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.

Group Supervision

Arapahoe County has adapted the Signs of Safety consultation process to become Group Supervision. It is a facilitated process used to help caseworkers think critically about, and

to “map” cases, creating a comprehensive and balanced assessment about what is happening. Using a framework which provides structure, the facilitator uses a questioning approach to help the worker refine their assessment and casework skills, which can then be generalized to work with other cases. Group Supervision allows time for the identified caseworker to process a case while team members are active observers, and also time for the team to provide their insights.

Group Supervision at Arapahoe County happens on a regular schedule with paired teams. Caseworkers sign up to present cases. Staff come to the session with a decision to make such as whether to open or close a case, determine whether there is enough safety to increase contact between parents and children, or identify the best next steps for a youth. Identifying this purpose helps keep the session on track and assists in finding what is needed to move forward. Group Supervision focuses on the worker, and doesn’t become a group debate. It is important to facilitate tightly to allow the worker to be vulnerable and focus on their own practice.

It is a powerful tool for creating a culture of trust, openness and shared learning within a team. With difficult cases, Group Supervision creates a context for shared critical decision making, so the decisions, such as whether it is safe for children to stay at home, draw on the wisdom and experience of the team.

Partnering for Safety

Partnering for safety is a term first used by Sonja Parker and Philip Decter to describe an approach to day-to-day child welfare casework that is designed to help all the key stakeholders involved with a child—parents, extended family, the child welfare worker, supervisors and managers, lawyers, judges and other court officials, even the child him/herself—keep a clear focus on assessing and enhancing child safety at all points in the case process. In the adaptation of this approach offered here, partnering for safety *integrates* a number of innovative approaches in child welfare practice—family-centered practice, Signs of Safety, partnership-based collaborative practice, the Structured Decision Making® system, safety-organized practice, and trauma-informed practice—to create a rigorous child welfare practice model. (taken from Sonya Parker training materials)

Arapahoe County chose to implement Partnering for Safety as it was a perfect fit to bring some structure and formality to the work already done with implementing Signs of Safety, elements of the Olmstead County practice model as well as the fit with our internally developed LINKS process and overall solution focused practice philosophy. The Arapahoe County Practice Model’s foundational approach is that of Partnering for Safety and has been rolling out the Partnering for Safety training series to the entire staff over the past year.

Trauma Based Work

Arapahoe County Department of Human Services began partnering with Aurora Mental Health Center to implement trauma informed child welfare practice in 2010. Arapahoe Douglas Mental Health Center was later added as a partner. Since that time all Department staff have been trained in Child Welfare trauma-informed practice, including how to perform evidence-based trauma screens. If children/youth screen positive for trauma, they are referred on to our community mental health partners for trauma-informed assessment and evidence-based trauma treatment if appropriate. The mental health centers have ensured that their staff are trained as clinicians, and, in some instances, as trainers.

The Department is also piloting Secondary Traumatic Stress Groups with staff. Child welfare staff respond to emergency situations often putting themselves at risk. In addition there are very real psychological risks for our staff who are involved in working with children and families who have experienced abuse, neglect, and other trauma. The goal of the groups is to mitigate the impact of the secondary trauma as well as to increase their ability to protect themselves. This is an intervention done in partnership with child welfare at all levels, from front-line staff to administration.

Testimonial from an Arapahoe County Supervisor (Diane Ward)

For years, Child Protection Services has investigated allegations of child abuse and neglect. Have children been kept safe because of a substantiation of abuse or neglect? No. Engaging with parents and partnering with them to help them be the healthiest parent they can be is what creates safety for the children. Differential Response allows caseworkers to do just this. They no longer focus on substantiating abuse/neglect, but focus on engaging with the entire family to problem solve the issues that led up to act of maltreatment. Caseworkers are non-adversarial and non-accusatory creating a more positive environment and a catalyst for change.

We recently had the opportunity to work with a young mother who had just given birth to a new baby girl. Unfortunately, the baby tested positive for marijuana at birth as mom admitted to smoking during her pregnancy until she actually found out she was pregnant. This young mother had some history with the Department as a younger child and was very nervous about a report being made to the Department. This referral was assigned as a Family Assessment Response allowing us to address the safety concerns without making a finding. The worker engaged easily with the mother and was transparent about the worries for her baby if she were to continue smoking marijuana. The worker took a Tri County nurse out to meet the mother who provided her with more education which helped bring her to further understand our worries. The young mother was offered services with The Nurse Support Program through Tri County Health which she graciously accepted. We were able to close our assessment with community resources in place and feeling confident this newborn child would be safe and well cared for. The young mother truly appreciated how the Department handled the situation and felt

encouraged in her parenting of her newborn child. This is just one example of the impact Differential Response has had on our caseworkers and the families we serve.

ACDHS Data Pre and Post DR Implementation

Measure	FY 2010	YTD 2014
Timeliness of Initial Response	88%	93.5%
Absence of Re-Assessment Rates	73.9% *	76.7%
Placement Out of Assessment	2.4%*	.7%
Absence of Abuse or Neglect Recurrence	96.7%	96.7%
Absence of Abuse or Neglect After Case Closure	95.9%*	96.9%
Percentage of Placement with Relatives/Kin	32%	41%
Percentage Remain Home	82%	89.7%
Absence of Re-Entry into Out-of-Home Care	80.3%	85.7%

*measure not captured until 2011

Cost Effectiveness:

Differential Response has proven to be for us an opportunity to re-prioritize our spending. We had to make some significant changes on the back end of our system in order to keep kids out of higher levels of care and at home safely in order to then reinvest those dollars into the front end of our system. We have been able to do just that and because of that DR is producing great outcomes for us. We have decreased our out of home costs to the tune of about \$2 million dollars a year and reinvested every dollar of

that in Track 1 and Out of Assessment programs and services. Everything we did to prepare for DR structurally we did without any new dollars.

While the pilot dollars were helpful, they went mostly to the evaluation process and then training which for new counties of course, CDHS is providing. With that said though, we also made some decisions about using Staff Development dollars for training in different areas as a result of DR, choices that every county can and should make.

Recommendations:

1. Continued statewide implementation of DR.
2. Stable and consistent State leadership and support.
3. A training curriculum that assures proper levels of preparation at the county and community levels, implementation, evaluation and sustainability and one that responds to the developmental needs and maturity of a county's practice.
4. Assure strict fidelity to the entire model of the Colorado Differential Response to ensure safety, consistency and best results.