

Jefferson County Division of Children, Youth and Families Differential Response Practice Model

In 2010, Jefferson County Division of Children, Youth and Families (JCDCYF) became one of five counties to develop and pilot Differential Response (DR) in Colorado. DR creates a dual track system with High Risk Assessments (HRA) and Family Assessment Response (FAR). In the FAR track, the Division can assess a family with low to moderate risk without making a finding or substantiation of abuse or neglect. DR is 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.

System Change:

Resulting from the development of DR, JCDCYF now has an articulated practice model, Partnering for Safety, which provides a framework for how the agency as a whole works internally and partners with families, service providers and the community to put our mission and guiding principles into action in daily practice and operations. At its core, the model is the description of what we do, how we do it, why we do it and what outcomes we hope to achieve for children and families. Partnering for Safety is grounded in three fundamental values:

- Building good working relationship and partnerships
- Developing critical thinking internally and with our clients
- Enhancing daily safety

Through our continued work in enhancing our practice model, we have worked to articulate and define our five Practice Standards:

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

The strategies and tools to achieve those Practice Standards are grounded in our Practice Model and DR:

Enhanced Screening

When reports of possible child abuse or neglect are called into the child abuse hotline, the screeners work to obtain information from the call that promotes a full understanding of the concern for the child, using specific questions, while also gathering information about the family and any circumstances supporting a balanced collection of available information to enhance initial decision making. Having this information assists the RED Teams in making the appropriate decision related to assignment of referrals and ultimately the assessment approach.

RED (Review, Evaluate and Direct) Team

RED Team is a structured group decision making process to determine if non-immediate referrals meet criteria for assignment, track assignment and time frames. The information in the report is sorted and

mapped out using the framework which promotes critical thinking, transparency and understanding of decision making, shared risk taking and accountability.

Caseworkers and supervisors throughout the Division participate in daily RED Teams. The determination of the agency response to a report of possible child abuse or neglect is now an agency involved responsibility. This process has also created a greater understanding throughout the Division of the statutory definition for the criteria for assignment of a report of child abuse or neglect.

Facilitated Family Meetings

Facilitated Family Meetings are a structured group process in which the Division engages family members, extended family, identified supports, providers and attorneys to resolve presenting problems. In JCDCYF, three different facilitated family meetings are used:

- *Team Decision Making (TDM)* is a meeting held by the Division to engage the family, child(ren) (if appropriate), family's supports, potential/current caregivers and professionals in a structured meeting led by a trained facilitator where immediate "live" decisions are made about safety and placement.
- *Family Engagement Meeting (FEM)* is a meeting held by the Division to engage the family, child(ren) (if appropriate), family's supports, potential/current caregivers and professionals in a structured meeting led by a trained facilitator with a permanency focus where decisions are made about safety planning, service coordination, case monitoring, permanency planning and case closure.
- *Permanency Roundtable (PRT)* is an intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth and to create individual permanency plans.

Group Supervision

Group supervision is a time for teams to meet regularly to discuss and problem-solve adaptive issues related to specific family situations and/or systemic concerns to enhance child welfare practice. The purpose of group supervision is to build competencies, confidence, critical thinking, decision-making skills and consistent quality work through the use of the framework.

Solution-focused Casework

Solution-focused casework involves completing a thorough and balanced assessment in every contact with a child, youth, parent and family to explore the strengths and risks of a family situation so that the danger, risks, safety, strengths, and complicating factors are clear and an understanding of the worry for the situation is known and addressed. Partnering for Safety creates a common language throughout the Division and strives to slow down decisions so that critical thinking can occur. Solution-focused casework uses the following tools and techniques:

- Enhanced screening guide
- Partnering for Safety tools such as Safety Circles, Three Houses
- Frameworks

- Appreciative Inquiry
- Scaling

Active Diligent Search

If the whereabouts of a parent is unknown, ongoing diligent efforts are made to identify, locate and involve them in the case. In order to ensure effective family engagement, we work to identify, locate and involve children's relatives, including those of non-custodial parents. This engagement also extends to natural community supports such as former foster parents, coaches, mentors, teachers and neighbors.

Testimonial from a Client

Below is a testimonial from a client that became involved with the Division during the summer of 2014 through a FAR (Family Assessment Response) after a domestic violence incident:

"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 recently. 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."

Lessons Learned:

As with any new initiative or system-wide change, the implementation of DR posed new challenges and difficulties. Planning, training, and support for caseworkers are important actions to take to address challenges that arise. Engagement strategies for all stakeholders are essential to make system improvements and course corrections along the way for continuous quality improvements. A strong state/county partnership is essential to successful implementation in every phase.

DR versus Family Assessment Response (FAR) confusion

When DR was first implemented in JCD CYF, there was confusion about the difference between DR and FAR. Many staff thought these terms were interchangeable, instead of understanding that DR is a practice model involving nine components, one of which is a two-track assessment system involving High Risk Assessments (HRA) and FAR. At the time of implementation, FAR was seen as a "better" modality. Yet it was learned that the tools to engage families we learned through DR could also be used in a HRA assessment. Both pathways are necessary to respond appropriately to ensure child safety.

Clarity around the new language and practice modalities are needed as counties elect to provide DR to families entering the system.

Staffing Issues

An internal implementation team was developed and also participated in the multicounty and state workgroups which ensured valuable staff input into the pilot program. For the initial implementation of DR, an ongoing team was moved to Intake to provide more upfront services to families. Ongoing training and support for both caseworkers and supervisors is critical as turnover continues in the child welfare field.

Staff Turn-over

As DR started to expand in the State, counties heavily recruited JCDCYF staff at all levels to assist them with implementation. This increase in turnover was not anticipated and created additional challenges to hire and train new staff.

Relationships with Law Enforcement and Other Community Partners

JCDCYF initially did extensive outreach with law enforcement, the DA, and other community partners to avert misunderstandings and fears around the changes that were occurring. Law enforcement was the most challenging group to educate how the practice changes might impact our working relationships. JCDCYF has thirteen active jurisdictions with which to coordinate assessments of child abuse/neglect, and we conducted one large presentation, followed by individual outreach to each agency. The prime focus was to make sure each jurisdiction was assured that our interface with them would not impact their criminal mandated requirements. Over time the partnerships that were already in place aided in addressing the practice changes and the continued understanding that the bottom line and focus of any assessment is child safety.

Testimonial from a JCDCYF Child Protection Intake Supervisor:

I have had the fortune of not only being a part of the DR Pilot in JCDCYF, but also seeing it from the trenches and evolving professionally as DR became what it is today. I volunteered to be one of the first designated Family Assessment Response caseworkers and went through some of the growing pains that go along with a practice shift. 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 learned that the tools we were taught about in trainings were just that, "tools" to help facilitate conversations and guide our practice with our questions and conversations being the intervention rather than the final stop.

As time progressed, 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 relationships were being built with families. When families had additional referrals, JCDCYF assigned the same caseworker to the assessment in order to build upon previous support plans created with families.

Currently, I am a Child Protection Intake Supervisor. Having a model which emphasizes group decisions has been very rewarding. Through Review Evaluate and Direct (RED) teams we discuss current reported concerns to determine which reports meet statutory criteria for assignment and which Child Welfare track (Family Assessment Response or High Risk Assessment) would be most appropriate for the family based on the content of the report, established supports for the family, and history. Through this process, when caseworkers are assigned to an assessment, they have clear understanding of how the assessment met criteria for assignment and what the primary concerns to be addressed are. Group Supervision provides an opportunity for caseworkers to have other eyes and ears on an assessment to help make critical case decisions when assessments become complex or challenging. It is exciting to see the learning and conversations that take place and that address safety issues and strengths identified within a family. It provides an opportunity for caseworkers to think outside of the box and not be tasked with making a difficult decision on their own. Facilitated Family Meetings have become common practice and although there were some concerns about scheduling an additional meeting into their already busy schedules, caseworkers have been expressing how beneficial these meetings are in order to bring everybody involved with a family together to make collective decisions regarding safety of children and what Child Welfare involvement should look. All of these required elements of the DR Model promote consistency in the work we do with families.

It's amazing to see how far we have come as an organization in embracing and implementing DR and enhanced Social Work practices to engage with families with a continuous focus on child safety. Our work has only just begun and I'm excited to see what the future holds as we continue to progress in our practice.

JCDCYF Safety and Permanency Outcome Comparison

Outcome	FY 2010	FY 2014
Percentage of Referrals Assigned for Assessment	58% (4235/7284)	50% (3550/7105)
Timeliness of Initial Response	78% (4582/5880)	95% (4487/4748)
Absence of Abuse or Neglect Recurrence	94.5% (1318/1395)	95.5% (512/534)
Absence of Abuse or Neglect within 12 months of Case Closure	94.1% (479/509)	92.7% (674/727)
Percentage of First Placement with Relatives/Kin	46% (171/370)	52% (224/427)
Percentage Remain Home	78.8% (482/609)	82% (492/601)
Absence of Re-Entry into Out-of-Home Care	80.4% (274/341)	84.2% (369/438)
Average Daily Placement per 100 Assessed (ADP)	3.2% (271/8398)	4.9% (338/6832)
Absence of Subsequent Abuse or Neglect Assessment within 12 months	73.2% (4378/5984)	73.8% (4025/5455)
Number of Children in Out-of-Home Care for 24 or more months	30.0% (125/416)	24.9% (122/489)

Recommendations:

The Jefferson County Division of Children, Youth and Families strongly recommends the continued implementation of DR to the fidelity of the Colorado model throughout the State of Colorado. The creation of a dual track system for assessments results in a system that creates a proportional response to accepted reports of child abuse and neglect to provide counties flexibility in how children, youth and families are engaged to ensure child safety. Research from the DR Pilot has shown children are just as safe through a High Risk Assessment or a Family Assessment Response and our own county outcomes have also improved. The implementation of DR is much more than just the creation of a dual track system for assessment. The implementation of DR has created a system change from screening to permanency. JCDCYF now has an articulated practice model that every caseworker uses to engage families and assess for safety and risk in every contact. A common language is used throughout a family's involvement. Through this common language, families have a better understanding of why child welfare is involved in their lives and partner with the Division to create safety for their children.