Larimer County Differential Response Practice Model

Mission Statement: 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.

KIDS SAFE WITH FAMILY

In our efforts to fulfill our mission of partnering with families and the community to keep children safe, Larimer County DHS- CYF Division has continuously sought out practices from across the Country that achieve the best child welfare outcomes. The culmination of this work is contained in our Differential Response (DR) Model. At its simplest DR is defined as a multiple track system, including one that does not require a determination of abuse or neglect be made. Our belief is that DR is much more than this and holds the promise of a major paradigm shift in our entire approach to child welfare.

Essential elements of the Larimer DR Model (adapted from Olmsted County, Minnesota):

1) ***Safety Organized Practice*** – This is a set of tools and strategies for practitioners working with families that starts with a clear definition of why the agency is involved and includes a specific ending safety goal.

2) ***Constructive Engagement*** – The idea that "people will support what they have a hand in creating" is essential for mobilizing the energy family members need to make the changes to achieve child safety and mitigate risk. Recognizing each family's unique strengths and needs while addressing them in an individualized manner increases positive outcomes for children.

3) ***Family, extended family and community inclusion (Family Search, Family Meetings, and follow-up)–*** "You can't create safety only with the people you are worried about" and "family knows family best" are principles that inform our commitment to seeking out extended family members and facilitating a conversation where they can plan for a child's safety and permanency . Given how spread out families can be, many times their support networks are made up of more non-traditional family and community members.

4) ***Collaborative Engagement (multiple agencies, families, and communities) –*** Working with community partners to establish and maintain a shared vision and purpose is essential to maximize resources and prevent working at cross purposes which can overwhelm families and actually increase danger for children.

5) ***Utilize Research –*** Being grounded in evidence based practice is essential if our efforts are to achieve the best outcomes for children. Larimer County works closely with Colorado State University and others to ensure that our priorities and practices are supported by research. This includes what research tells us about the trauma caused to children by placement in "stranger care" as well as the poor outcomes of institutional care.

6) ***Responsible Use of Authority-*** Child welfare agencies have significant authority and thus power over families**.** It is imperative that we acknowledge the extent of this authority and work to not traumatize families. Buying into the notion that DHS alone is responsible for child safety works to separate families and the community from their authority and responsibility. No government agency, no matter how well intentioned, is likely to do even a reasonable job of raising children.

7) ***Assess risk and protective capacity-*** Development of clear risk statements are crucial in keeping the family and all professionals involved focused squarely on the reason for our involvement. One potential danger of a strengths based approach is losing the rigor required for a balanced assessment that includes risk factors as well as specific actions of protection demonstrated by the care givers over time.

DR Commitment to Safety

The agency works to provide information and help that a family needs to keep children safe. Caseworker contact and relationship with the family is the intervention.

In order to keep children safe, it is important to:

a) Work well with families, friends, and people involved in the children's lives.
b) Have skilled people using standard tools to help a family understand if children are safe or not, clearly talk about any danger, and explain what next steps to take to ensure their child's safety.
c) Make detailed plans with the family, friends and people involved in the children's lives on how to keep a child safe by setting realistic goals and specific next steps.

How do we know when safety is achieved?
Safety is achieved when actions of protection taken by caregivers that directly address the danger are demonstrated over time.

Important parts of how Larimer County helps families keep children safe include:

1) ***Enhanced Screening*** – This is the first time the agency talks to a reporting party to gather information about a child's safety. Information is very important and helps the agency decide what happens next.
2) ***RED, (Review, Evaluate, Direct) Team*** – This is a meeting where caseworkers and supervisors go over information provided using a standard set of questions and things to consider. They provide valuable input and decide how best to respond.
3) ***Partnering for Safety –*** Casework practice that involves talking with families about safety concerns as well as positive things the family is doing.
4) ***Assessment of Risk and Safety*** - This is a set of steps used to make sure true and fair observations are made about the current situation.
    a. Gather information about the safety, risk, and needs of a child through honest talks with the family.
    b. Build cooperation with a family by focusing on the good things they are already doing to keep their child safe.
    c. Use of standard definitions and tools to help ensure consistent decision making.
5) **Family engagement** –Partnering with family, friends and others involved in the children's lives. Goals are created together and are made a priority to keep a child safe, healthy and stable with their family using the following tools:
    a. **Family Meetings –** bringing together people known to the family and who care about children. Discussions about family strengths and worries help to create solutions and determine next steps.
    b. ***Risk Statements*** – A written explanation of what the agency is worried about and what might happen if nothing changes.
    c. ***Safety goals*** – A clear statement of what needs to change with the current situation to make sure a child is safe.
    d. ***Safety and Support Plans*** – A written set of detailed and agreed upon steps that parents, children, family and others involved in the children's life will take to keep the child safe and to offer support.
    e. ***Creating support networks*** – Identified group of people willing to take specific steps to achieve and sustain child safety.
    f. ***Safety monitoring*** – Actions taken by the agency and supporting people to ensure continuing child safety.
    g. ***Prevent unnecessary out of home placement*** – Actions taken to reduce trauma by keeping the child safe with family or friends.
    h. ***Group Supervision/ Consultation*** – Structured meetings that utilize the knowledge and practice experience of caseworkers and supervisors to make recommendations and decisions regarding child safety, well-being and permanency for the family.

i. ***Intake Consults*** – Review of open assessments to make sure there are no outstanding questions or concerns on the decisions and plans made moving forward and before closure

ii. ***Ongoing Consults*** – Review of the progress with a case moving forward and prior to closure. The group reviews safety and support plans and the networks ability to achieve and monitor safety. Critical decisions and suggestions are made regarding the child's well-being and permanency.

i. **Increased frequency of face to face contact with family –** allows the family an opportunity to express worries, address barriers and report success with their plan. Improves caseworker relationship with the family and helps to maintain progress and motivation for change.

Larimer County and the four other Colorado Pilot Counties intentionally set about designing our DR Model to be built on a foundation of proven best practices that deliver on the objective of keeping **"Kids Safe with Family".** The data shows that this dedication to family and community as the solution has keep hundreds of children from suffering the trauma of removal from their family while delivering services that families identify. The Larimer DR practice model gives children and families a clear voice in the process. The following testimonial says it much better than we or the data ever could:

Testimonial from a Larimer County Family (2013)

"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 Safety and Permanency Outcome Comparison

	FY05*	FY10**	FY14
Absence of Abuse or Neglect Recurrence	94.5% (24)	96.6% (15)	96.9% (9)
Absence of Abuse or Neglect w/in 12 months of Case Closure	95.6% (N/A)	93.7% (48)	96.9% (30)
Percentage First Placement w/Relatives	N/A	31.49%	50.3%
No Re-Entry	79.6% (32)	89% (22)	87.8% (17)
Congregate Care (ADP)	71	24	15
Avg. Daily Placement (ADP)	335	184	160
Remain Home	85.7%	92.2%	96.3%
Number of Children in OOH 24+ Months	110	47	28

*Implementation of DR Principles and Practices

**Pilot Allowing Multi-Track System Begins