Protecting Our Most Vulnerable

Working Together To Get a Good Start

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Larimer County Department of Human Services
What does this mean for a substance exposed infant?
Percent of Removals with Parental Substance Use
Larimer County

- 2012: 54.2%
- 2013: 45.7%
- 2014: 69.1%
- 2015: 62.6%
An opportunity for change!

- Mothers don’t usually intend to harm their baby
- Mothers may not have made informed decisions regarding prenatal care
- Crisis is an opportunity for change
- Solutions come from positive relationships
- Future harm can be reduced if the mother is fully engaged in a network of people to support her and her sobriety.
What is behind the change?
A shift in beliefs and values!

- Safety is first priority
- It is best for children to be raised by their own family, whenever possible
- You see what you look for in families. Important to have a balanced assessment of safety and risk.
- The best intervention is one that is created with the family and by the family and encompasses a robust network of support.
The right intervention that works for the family!

- Maintaining families together is the most sustainable plan
- Working with the whole family maximizes results
- Solutions to help families exist within their own network and the community
- Wrong intervention can do harm
Why does DR work with prenatal substance use?

“Different response types for different needs.”

- Removing fault-finding can increase engagement but does not decrease safety;
- Avoiding shame and judgement could be a gateway to child safety and recovery efforts for mother
- Engagement and up-front resources get the mother and baby off to a good start
Six Years of Evolving Practice

<table>
<thead>
<tr>
<th>Front-loading: Targeted early intervention</th>
<th>Less repeat child maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured Decision Making® Consultation framework</td>
<td>Less court involvement</td>
</tr>
<tr>
<td>Group supervision/group decision making</td>
<td>Fewer children in placement</td>
</tr>
<tr>
<td>Family and community inclusion</td>
<td>More family involvement</td>
</tr>
<tr>
<td>Integrated Assessments</td>
<td>More children served</td>
</tr>
<tr>
<td>Integrated Treatment</td>
<td>Effective Interventions</td>
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<td>Trauma Informed Care</td>
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Colorado differential response is more than just “a new track.” It includes:

- A set of **organizational processes** that help support more family choice and more critical thinking at all points in the process;

- A set of **enhanced social work practices** to help connect social work skills to organizational changes; and

- A set of **values and principles** to help guide the work and the organization.
Colorado’s Differential Response Model

Organizational Processes

- Enhanced Screening
- RED Teams
- Dual Track Response System (FAR & HRA)
- Facilitated Family Meetings
- Support Planning
- Group Supervision

Social Work Practices

- A rigorous and balanced assessment
- Strategies for including children
- The Consultation and Information Sharing Framework
- Evidence-based assessment tools
- Risk and goal statements
- Participation of extended networks
- Behaviorally-based safety and support plans

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Dual-Track Response System

High-Risk Assessment
- Disposition
- Severity of report (high)
- Usually initiated through unannounced home visit
- Interview child alone

Family Assessment Response
- No disposition
- Severity of report (low to moderate)
- Interview family together
- Usually initiated through announced home visit

Assessment of safety and risk
- Intake function
- Safety-focused
- Strength-based
- Family-focused
- Engagement
- Timeframes for first contact
- Linkage with services

Family Assessment
- No disposition
- Severity of report (low to moderate)
- Interview family together
- Usually initiated through announced home visit
Assessment

- **What has changed?**
  - Two kinds of responses: HRA and FAR
  - No finding of victim or perpetrator will be made in FAR cases
  - Creation of risk statements and goal statements
  - Group supervision
The Assessment Process Within FAR

Complete safety and risk assessments within 30 days

- Identified safety concerns or high risk
  - Family unwilling or unable to safety plan and/or mitigate risk factors: Reassign ("track change") to HRA
  - Family willing/able to safety plan and/or mitigate risk factors
- No identified safety concerns and low, moderate, or no risk
  - Family requests services (low-moderate risk)
  - Family does not request or declines services (no or low risk): Assessment closed (support plan developed based on circumstances) within 60 days
  - Worker can develop FAR service plan (FARSP) with family
Planning: Safety Plans, Support Plans

During A Family Assessment Response

<table>
<thead>
<tr>
<th>Safety Plans</th>
<th>Support Plans</th>
<th>FARSP</th>
<th>FARSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a safety concern on the Colorado safety assessment?</td>
<td>Are you working with family and/or network to develop action steps (not just services) to enhance protection for the child?</td>
<td>Do you want to access core services for the family?</td>
<td>Has it been 60 days since screening?</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Complete Safety Plan Per Volume 7 requirements</td>
<td>Complete Support Plan</td>
<td>Complete FARSP</td>
<td>Complete FARSP</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Support Plans

- Are you working with family and/or network to develop action steps (not just services) to enhance protection for the child?
  - Yes: Complete Support Plan
  - No: No action taken

FARSP

- Do you want to access core services for the family?
  - Yes: Complete FARSP
  - No: No action taken
Planning

▶ **What has changed?**

- Core **services now available earlier**
- Increased use **extra-familial networks** to help ensure safety
- Family meetings to bring those people together for **support planning**
- Creation of **safety plans that may include action steps to mitigate risk associated with relapse**
- Action steps to **monitor safety of infant so they can remain home or connected with family**
Enhancing Family Networks through Facilitated Family Meetings

- It is very easy to believe people do not have extended networks and will not be willing to tell more people what is happening.

- At the same time, by asking about formal and informal networks, family and community can become members of an expanded safety network to help reach a bottom line of enhanced safety for the child.

- Cases with more danger and more risk can benefit from larger networks and greater network involvement, but adding even one person can make a huge difference.

- Facilitated family meetings are not a “program” or something extra “if we can do it.” They are an essential part of a well-functioning child welfare system.
Consultation and Information Sharing Framework

**Reason for Referral; Danger/Harm**
- Detail re: incident(s) Bringing the family to the attention of the agency. Impact on child(ren).
- Pattern/history

**Risk Statements**
- Risk to child(ren)
- Context of risk

**Complicating Factors**
- Condition/behaviors that contribute to greater difficulty for the family
- Presence of research based risk factors

**Current Ranking**
- (Immediate Progress)
- Safety/Protection Required
- Development of next steps relevant to risk context
- What
- Who
- When
- Etc.

**Genogram/Ecomap**
- Cultural considerations
  - (Gray Area)

**Next Steps**

**Goal Statements**
- Bottom lines
- Enough safety to close

**Safety**
- Actions of protection, taken by the caregiver, that mitigate the risk, demonstrated over time
- Strengths demonstrated as protection over time

**Strengths/Protective Factors**
- Assets, resources, capacities within family, individual/community
- Presence of research based protective factors

**Purpose/Focus of Consultation**
- What is the worker/team looking for in this consult?

Lohrbach (2000)
Programs and Services for Families impacted by Substance Abuse

- Integrated Substance Abuse Evaluation/Treatment for Adults
- Home-Based Therapeutic Services
- Coaches (customized to needs of family)
- Family Find
- PCIT
- Kinship Certification
- Special Circumstance Daycare
- Nurse Advisor Services
- Developmental Screening
- Financial Assistance
- Healthy Harbors
- Community Life Centers
How has DR impacted Child Welfare Outcomes?
INCREASE IN SERVICES

Services to Children

FY06 FY07 FY08 FY09 FY10 FY11 FY12 FY13 FY14 FY15

898 1083 1285 1706 2419 2237 2558 3256 4187

Service Authorizations

FY06 FY07 FY08 FY09 FY10 FY11 FY12 FY13 FY14 FY15

0 500 1000 1500 2000 2500 3000 3500 4000 4500

INCREASE IN SERVICES

Services to Children
Remain Home Safely

<table>
<thead>
<tr>
<th>Year</th>
<th>Larimer</th>
<th>State</th>
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<tbody>
<tr>
<td>FY09</td>
<td>90.00%</td>
<td>80.00%</td>
</tr>
<tr>
<td>FY10</td>
<td>90.00%</td>
<td>80.00%</td>
</tr>
<tr>
<td>FY11</td>
<td>90.00%</td>
<td>80.00%</td>
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<tr>
<td>FY12</td>
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<td>FY13</td>
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<tr>
<td>FY14</td>
<td>90.00%</td>
<td>80.00%</td>
</tr>
<tr>
<td>FY15</td>
<td>90.00%</td>
<td>80.00%</td>
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SAFETY
Absence of Recurrence of Abuse

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>2006</td>
<td>94.60%</td>
</tr>
<tr>
<td>2007</td>
<td>92.80%</td>
</tr>
<tr>
<td>2008</td>
<td>95.10%</td>
</tr>
<tr>
<td>2009</td>
<td>96.20%</td>
</tr>
<tr>
<td>2010</td>
<td>97.40%</td>
</tr>
<tr>
<td>2011</td>
<td>96.10%</td>
</tr>
<tr>
<td>2012</td>
<td>98.20%</td>
</tr>
<tr>
<td>2013</td>
<td>97.50%</td>
</tr>
<tr>
<td>2014</td>
<td>96.90%</td>
</tr>
<tr>
<td>2015</td>
<td>98.00%</td>
</tr>
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How have we made a difference with pre-natal exposed infants?

A closer look!
Total Positive Test Results 2012-2015

Total Number of Positive Test Results

- 2012: 64
- 2013: 84
- 2014: 125
- 2015: 80
- 4 yr. Total: 353

Total Number of Positive Test Results
Positive Tests by Drug Type

Total Positive Tests by Drug Type: 2012 - 2015

- Alcohol: 45%
- THC: 43%
- Opiates: 9%
- Amphetamine/Meth: 3%

Total positive tests by drug type: 2012 - 2015.
Track Assignment in a Differential Response Model

Referral by Disposition: 2012 - 2015
Referrals Assigned to HRA’s by Findings

HRA Findings 2012 - 2015

- Founded: 73%
- Unfounded: 9%
- Inconclusive: 18%

Legend:
- Founded
- Unfounded
- Inconclusive
Referrals that were *assessed only* and referrals that were *open for ongoing services*

Referrals: 2012-2015

- [CATEGORY NAME], [PERCENTAGE]
- [CATEGORY NAME], [PERCENTAGE]

- Assessment Only
- Assessment with Services
Recidivism within One Year

Recidivism

- FAR within one Year
- HRA within one year
- No Recidivism

- 2013: 17 FAR, 7 HRA, 58 No Recidivism
- 2014: 17 FAR, 23 HRA, 55 No Recidivism
- 2015: 9 FAR, 7 HRA, 39 No Recidivism
Percentage of kids that went into care vs. In Home

<table>
<thead>
<tr>
<th>Year</th>
<th>Foster Care</th>
<th>Kin Care</th>
<th>Stayed In Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>7%</td>
<td>6%</td>
<td>85%</td>
</tr>
<tr>
<td>2015</td>
<td>2%</td>
<td>13%</td>
<td>85%</td>
</tr>
</tbody>
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Prior History with DHS

CHILD PROTECTION SERVICES HISTORY 2013 - 2015

CPS History 40%

[CATEGORY NAME] [PERCENTAGE]
THC Data

January 2014: Legalized
2013-2015 (115 Total THC Positive Test Results)

- Assessment with Services: 12%
- Assessment Only: 37%
- HRA: 6%
- FAR: 45%
Challenges with legalized marijuana

Unintended consequences

What about breast feeding?

Legal doesn’t mean safe!

Environmental hazards with home grows.

Those yummy edibles, unsuspecting to children!

“There is no research that says marijuana use during pregnancy will harm your baby.” (Public perception)

“There is no research that says it won’t!” (Reality)
Questions ?
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