

Protecting Our Most Vulnerable

Working Together To Get a Good Start

Angela Mead, MSW

Deputy Division Manager

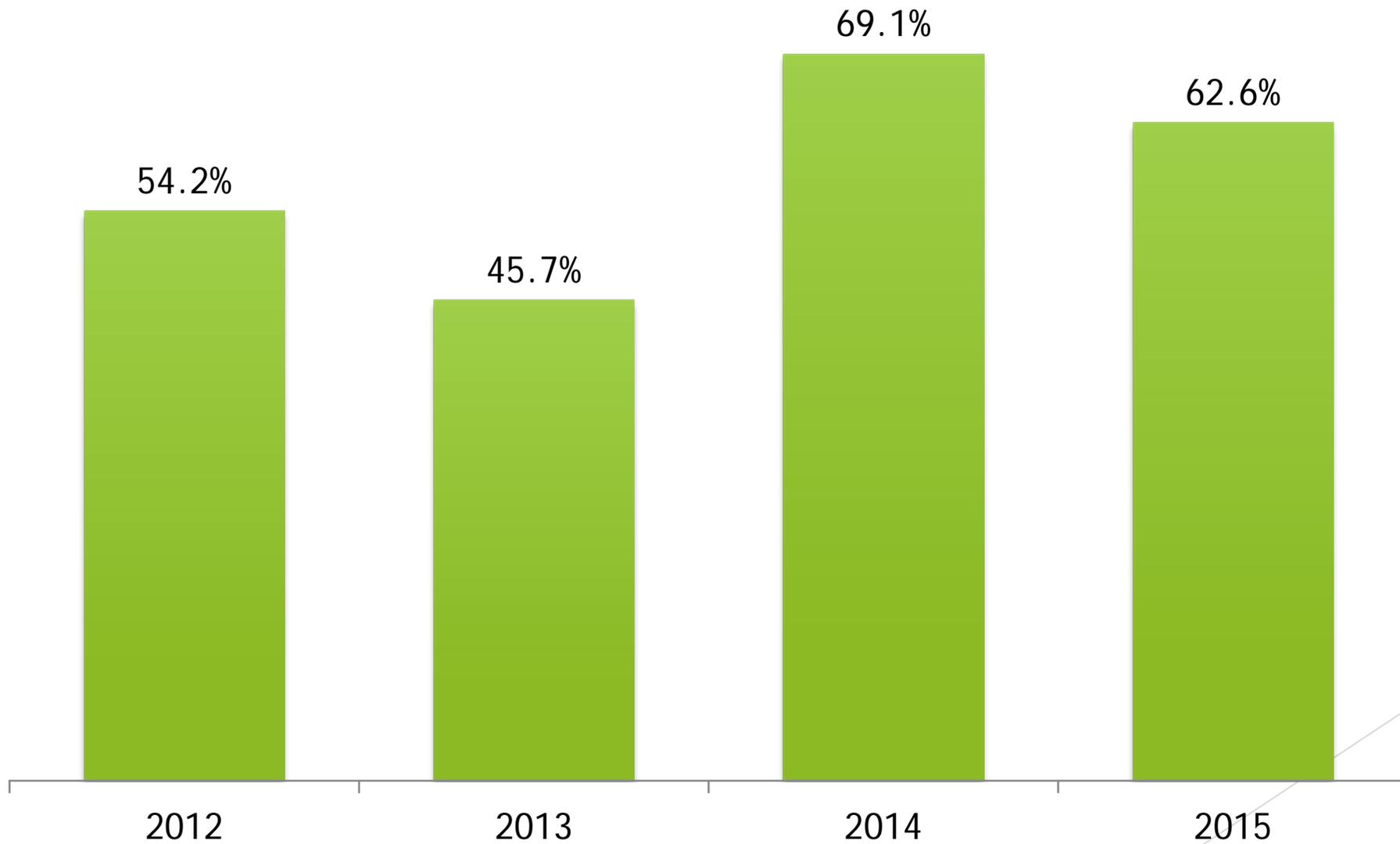
Larimer County Department of Human Services



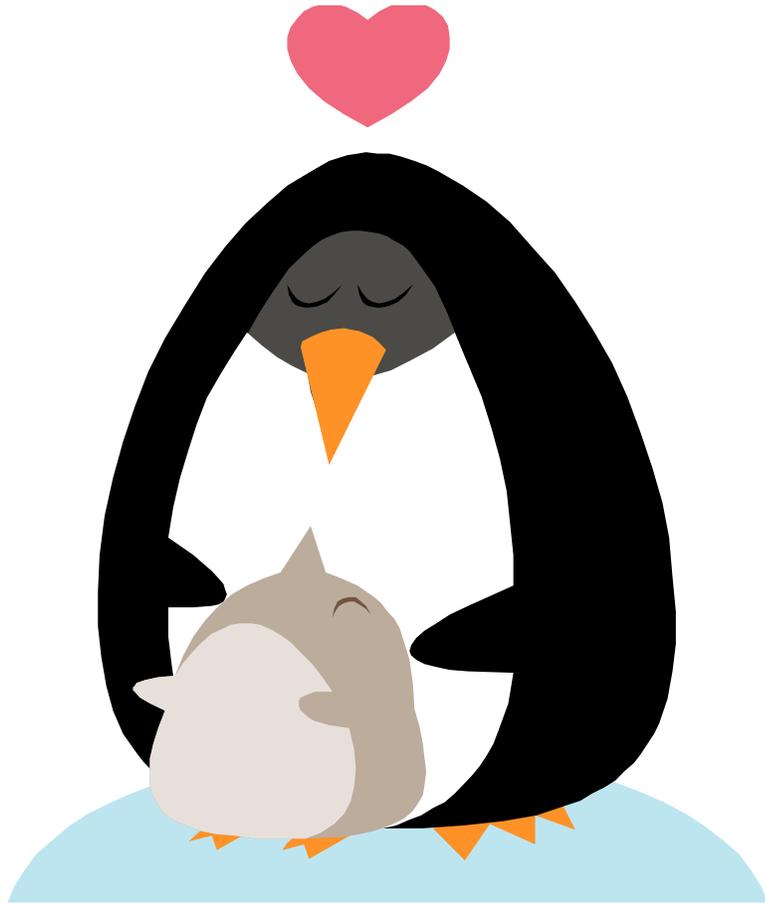
What does this mean for a substance exposed infant?



Percent of Removals with Parental Substance Use Larimer County

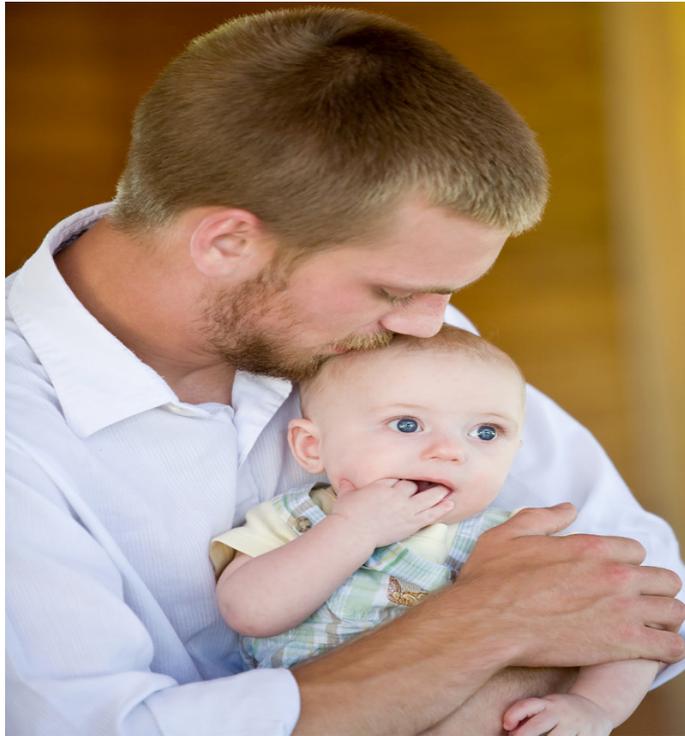


An opportunity for change!



- 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

Front-loading: Targeted early intervention

Structured Decision Making[®]

Consultation framework

Group supervision/group decision making

Family and community inclusion

Integrated Assessments

Integrated Treatment

Trauma Informed Care

Family Treatment Courts



Less repeat child maltreatment

Less court involvement

Fewer children in placement

More family involvement

More children served
Effective Interventions

More Than Just a New Track

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.

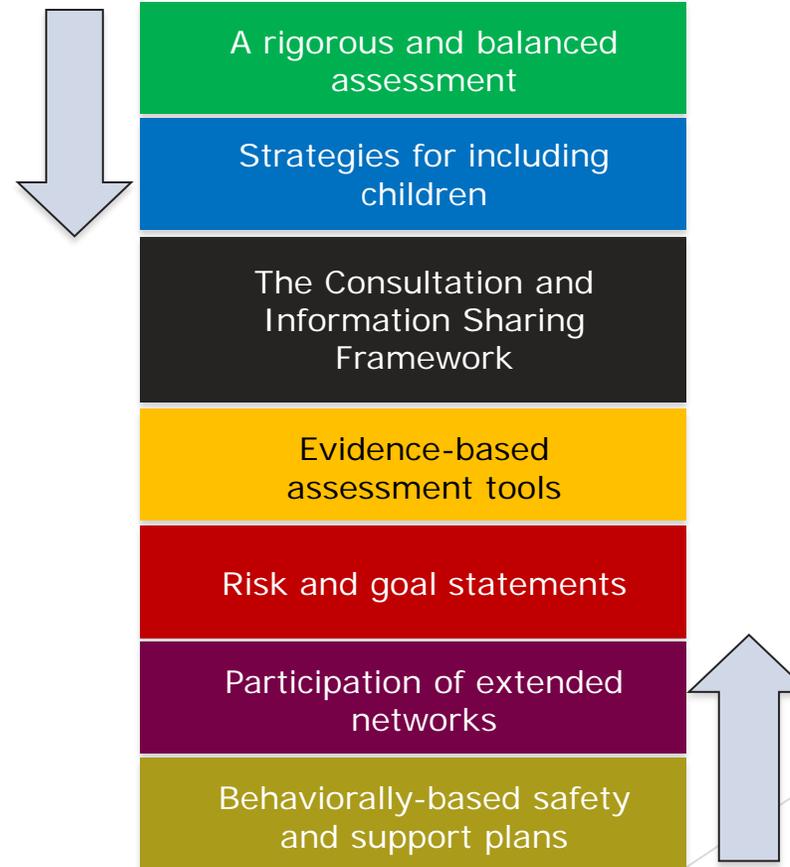


Colorado's Differential Response Model

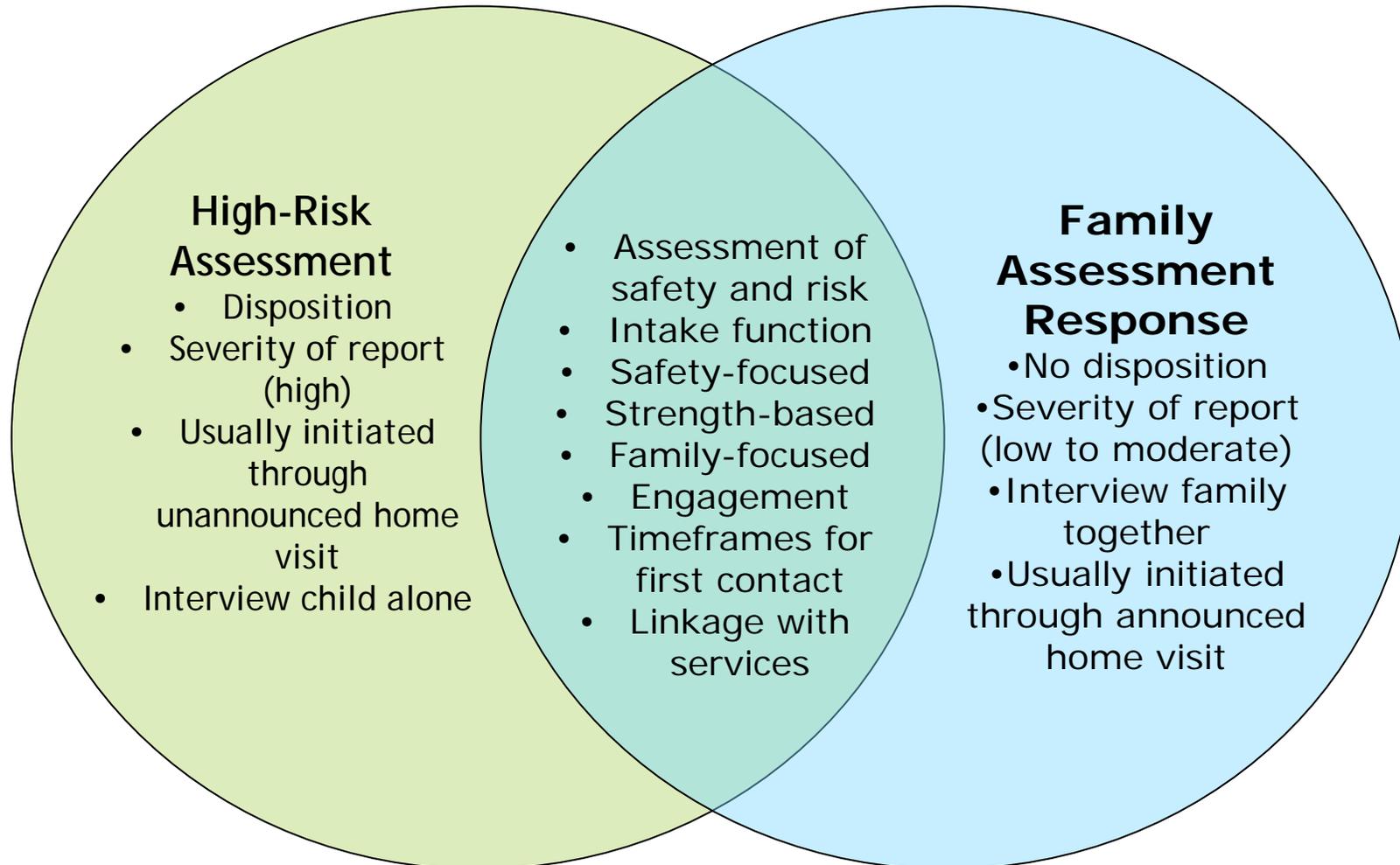
Organizational Processes



Social Work Practices



Dual-Track Response System

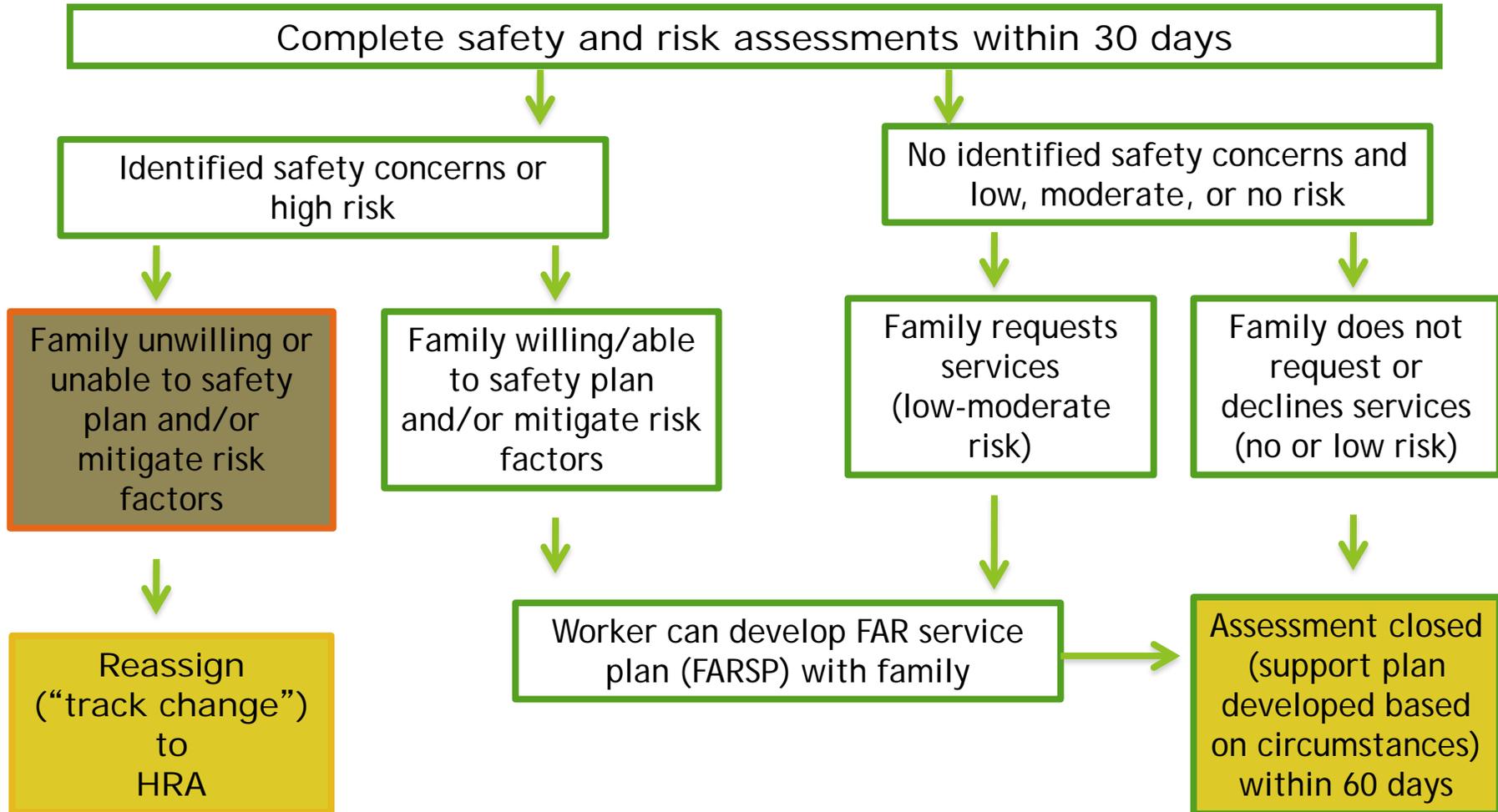


Assessment

▶ What has changed?

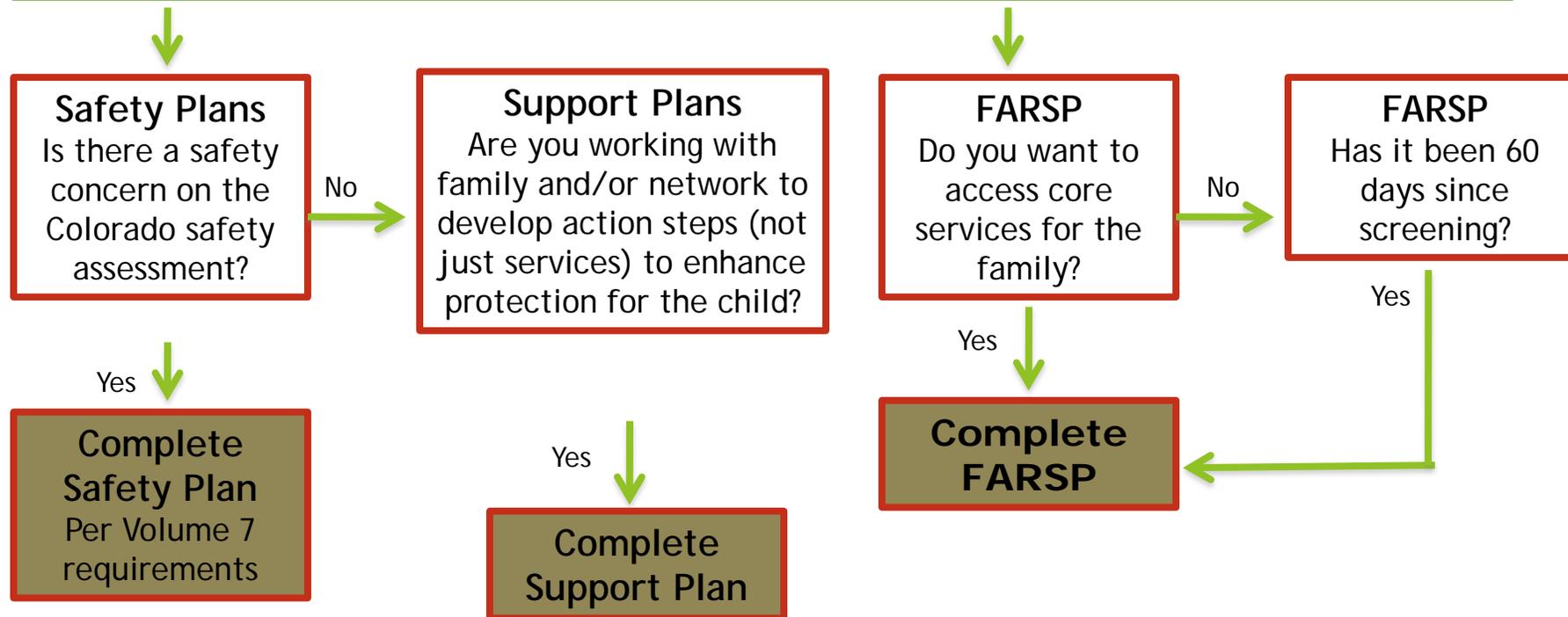
- Two kinds of responses: HRA and FAR
- **No finding of victim or perpetrator will be made in FAR cases**
- **Creation of risk statements and goal statements**
- **Group supervision**

The Assessment Process Within FAR



Planning: Safety Plans, Support Plans

During A Family Assessment Response



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

GENOGRAM/ECOMAP
Cultural considerations

(Gray Area)

Next Steps

Current Ranking

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

(Immediate Progress)
Safety/Protection
Required

- Development of next steps relevant to risk context
- What
- Who
- When
- Etc.

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?

Programs and Services for Families impacted by Substance Abuse

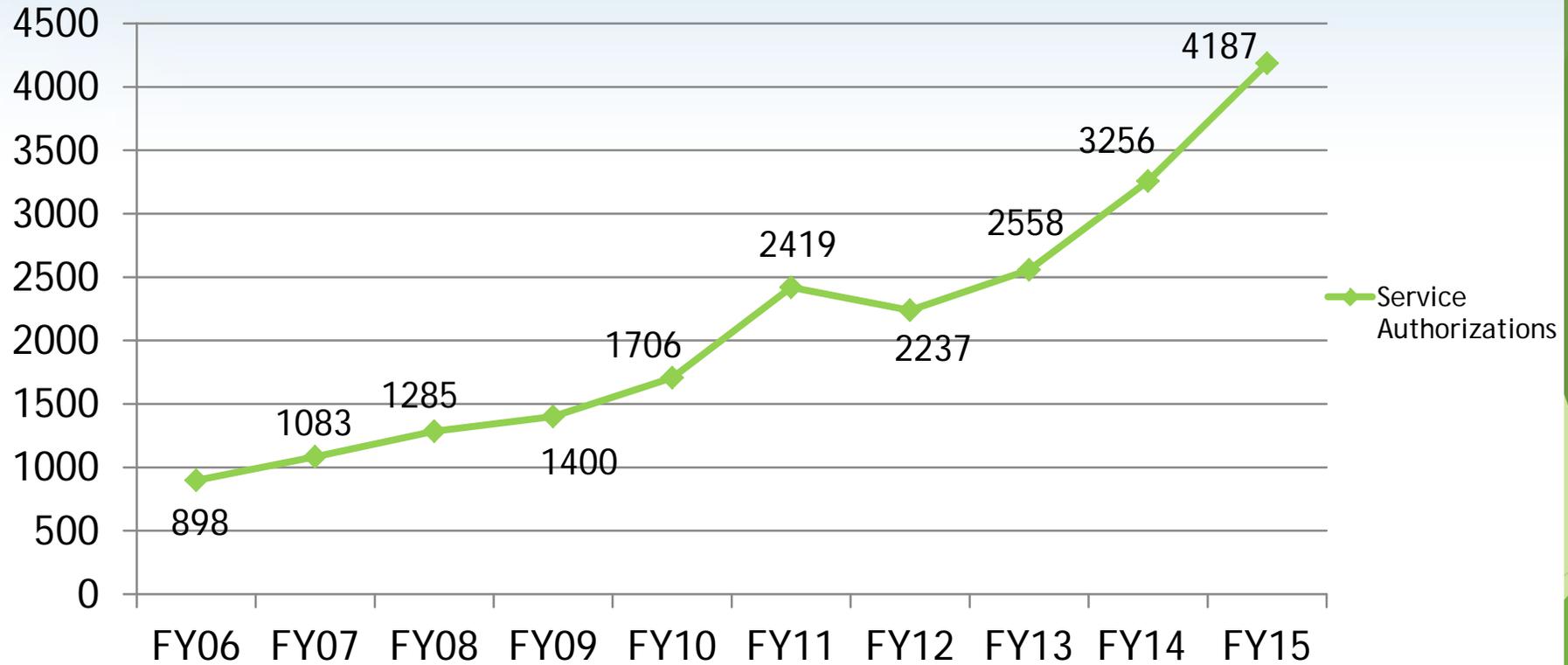
- ▶ Integrated Substance Abuse Evaluation/Treatment for Adults
- ▶ Home-Based Therapeutic Services
- ▶ Coaches (customized to needs of family)
- ▶ Family Find
- ▶ PCIT
- ▶ Kinship Certification
- ▶ Special Circumstance Daycare
- ▶ Nurse Advisor Services
- ▶ Developmental Screening
- ▶ Financial Assistance
- ▶ Healthy Harbors
- ▶ Community Life Centers



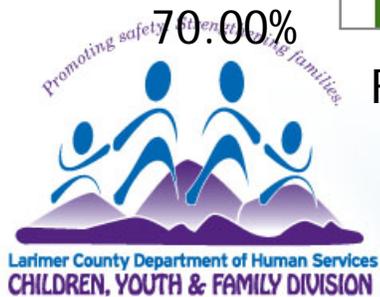
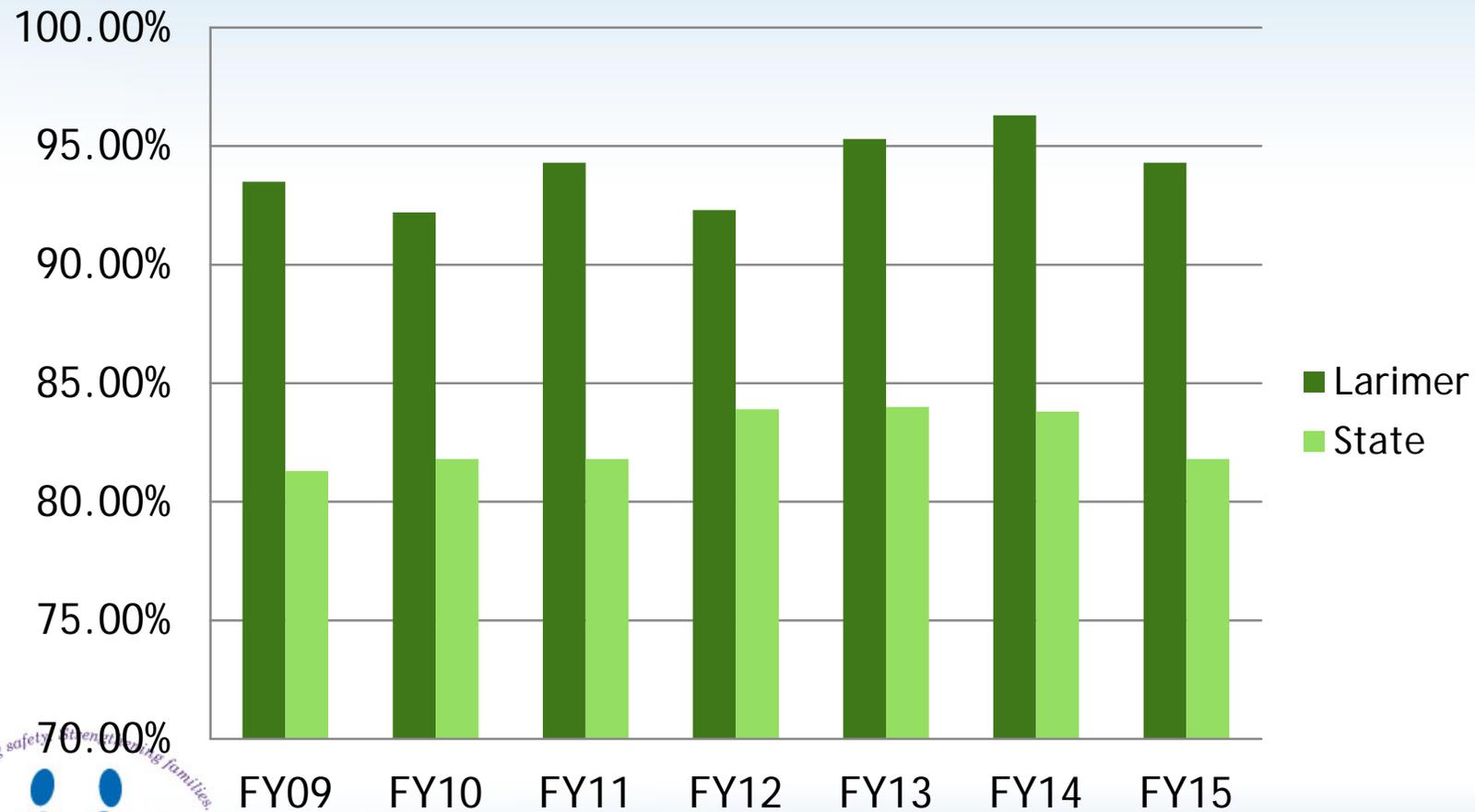
How has DR impacted Child Welfare Outcomes?

INCREASE IN SERVICES

Services to Children

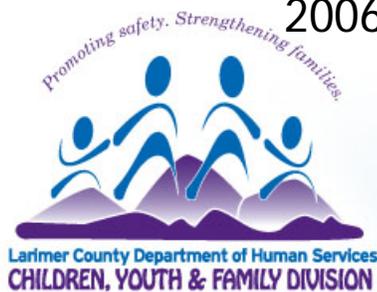
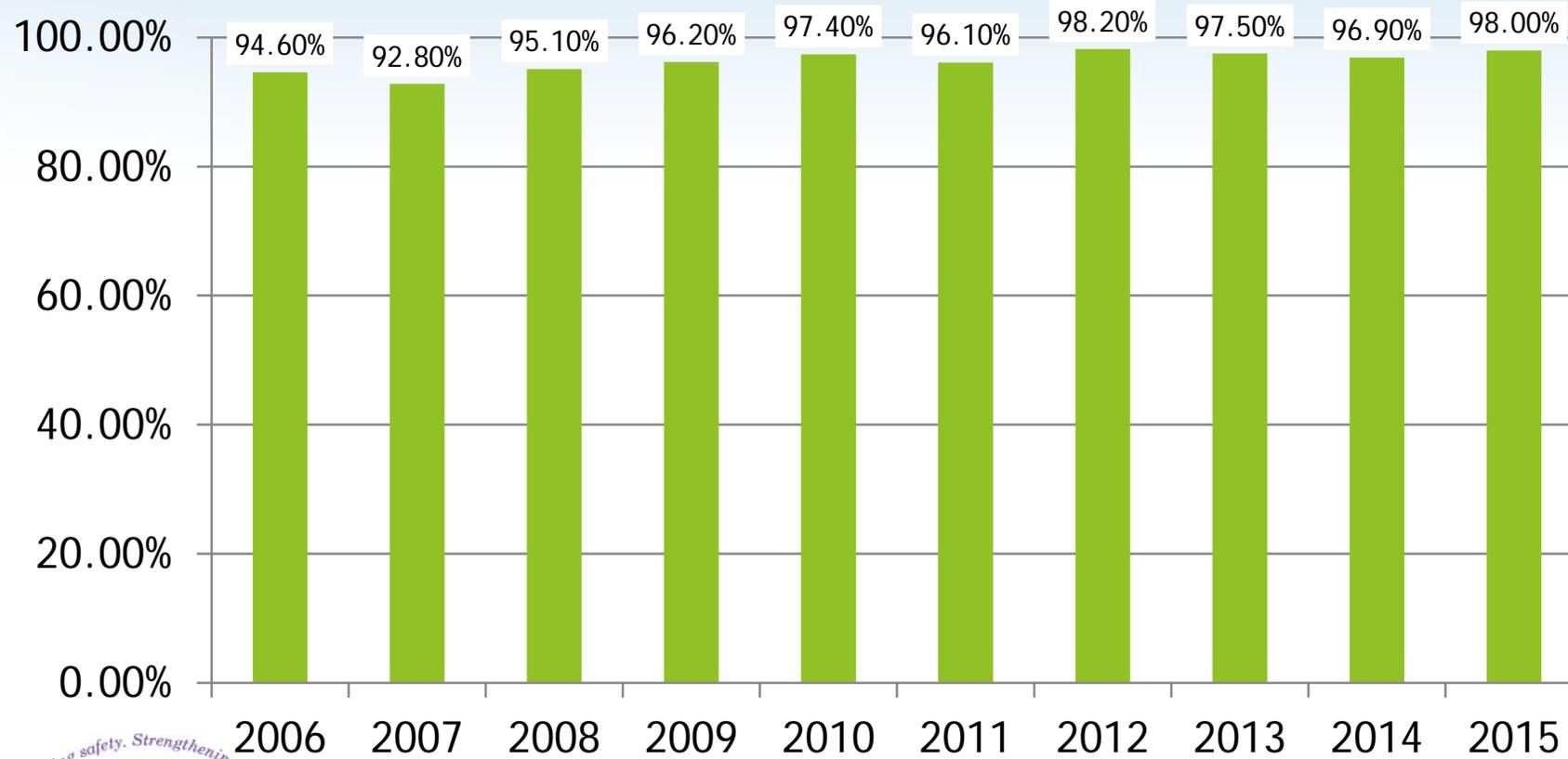


Remain Home Safely



SAFETY

Absence of Recurrence of Abuse

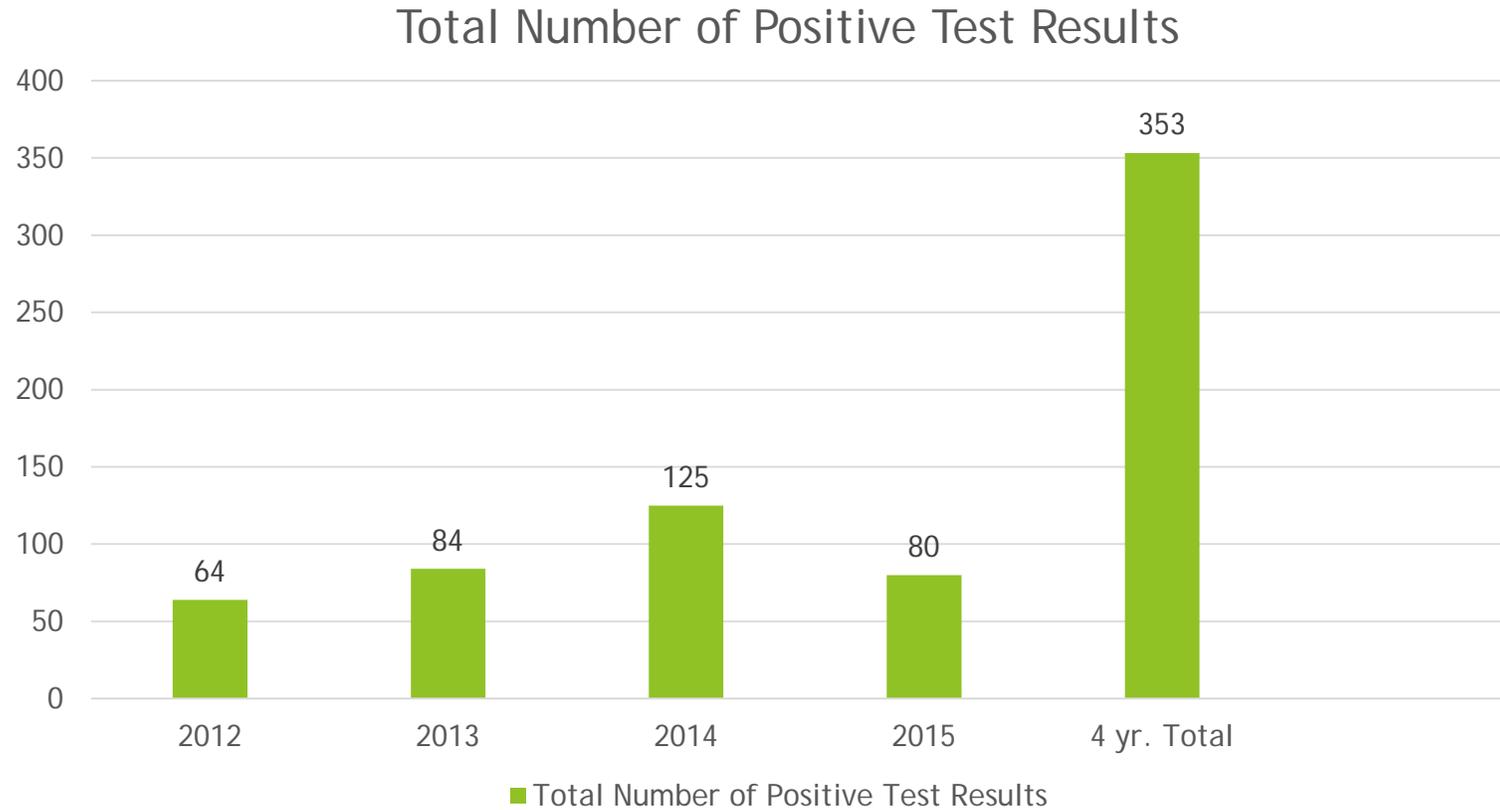


How have we made a difference with
pre-natal exposed infants?

A closer look!

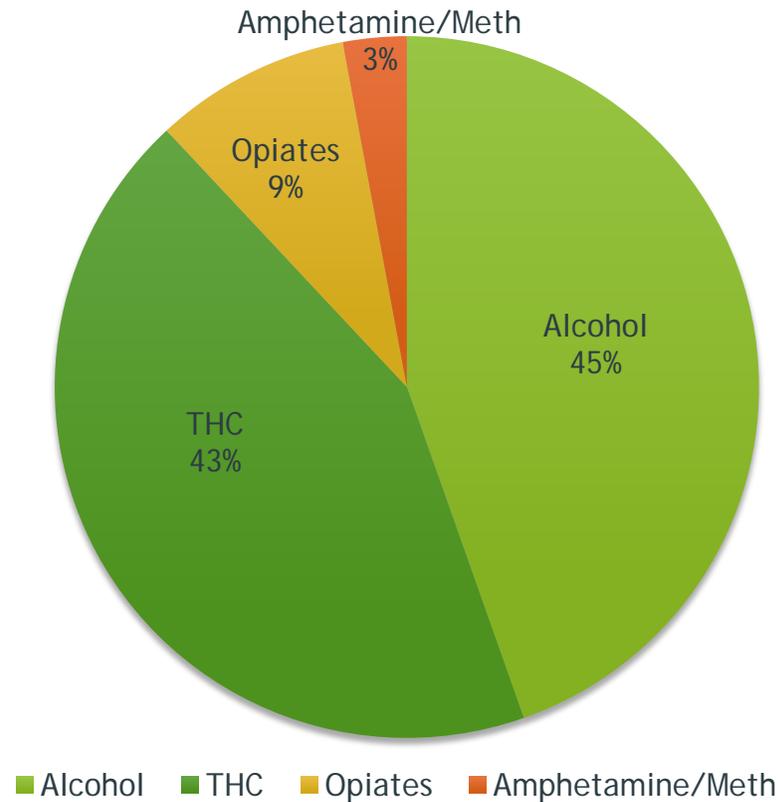


Total Positive Test Results 2012-2015



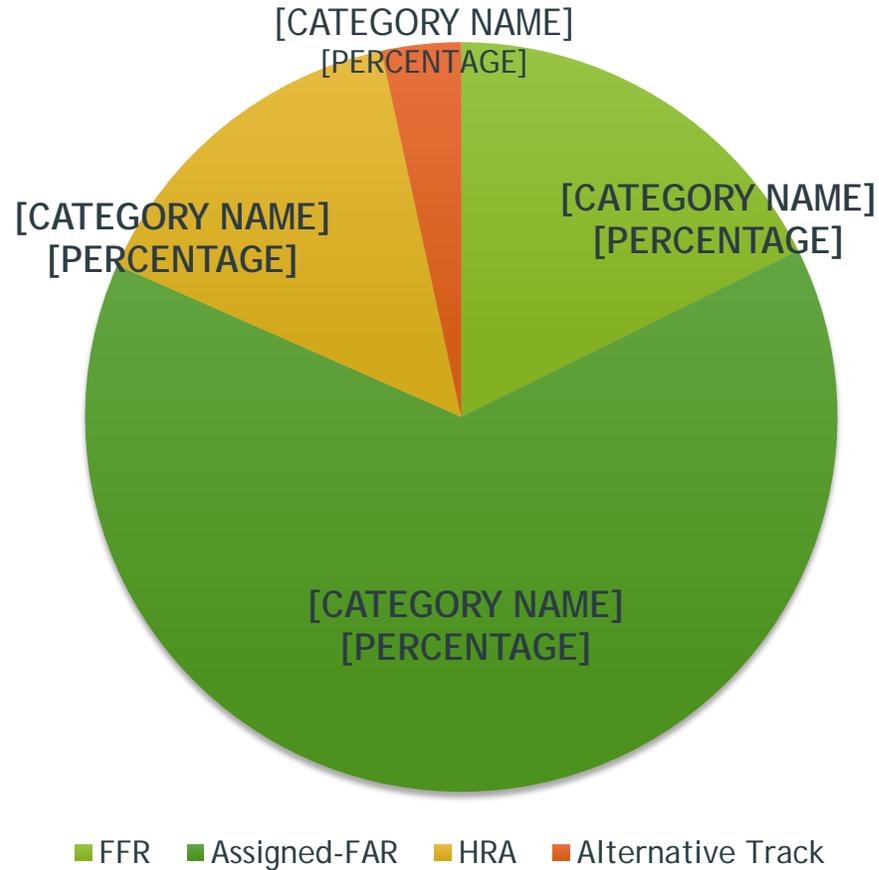
Positive Tests by Drug Type

Total Positive Tests by Drug Type: 2012 - 2015



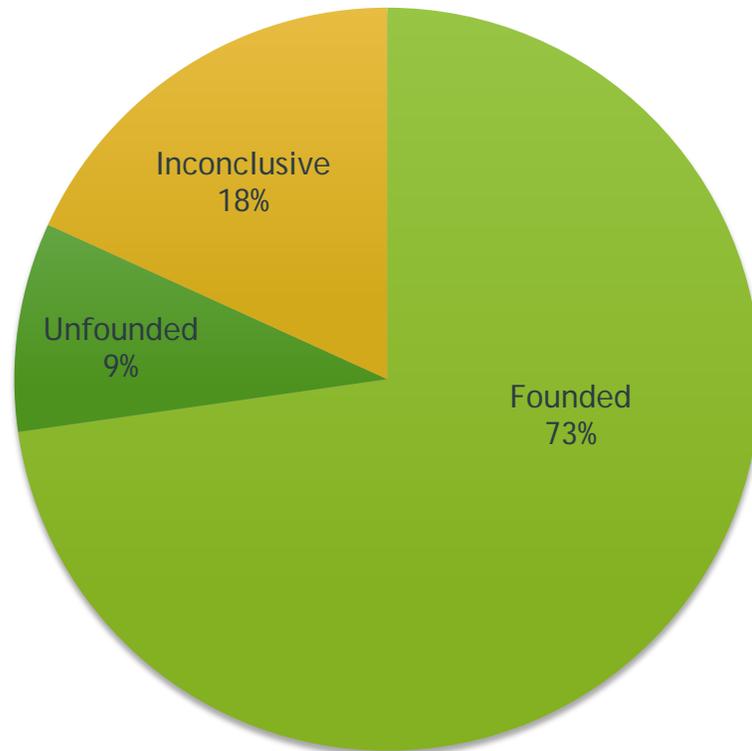
Track Assignment in a Differential Response Model

Referral by Disposition: 2012 - 2015



Referrals Assigned to HRA's by Findings

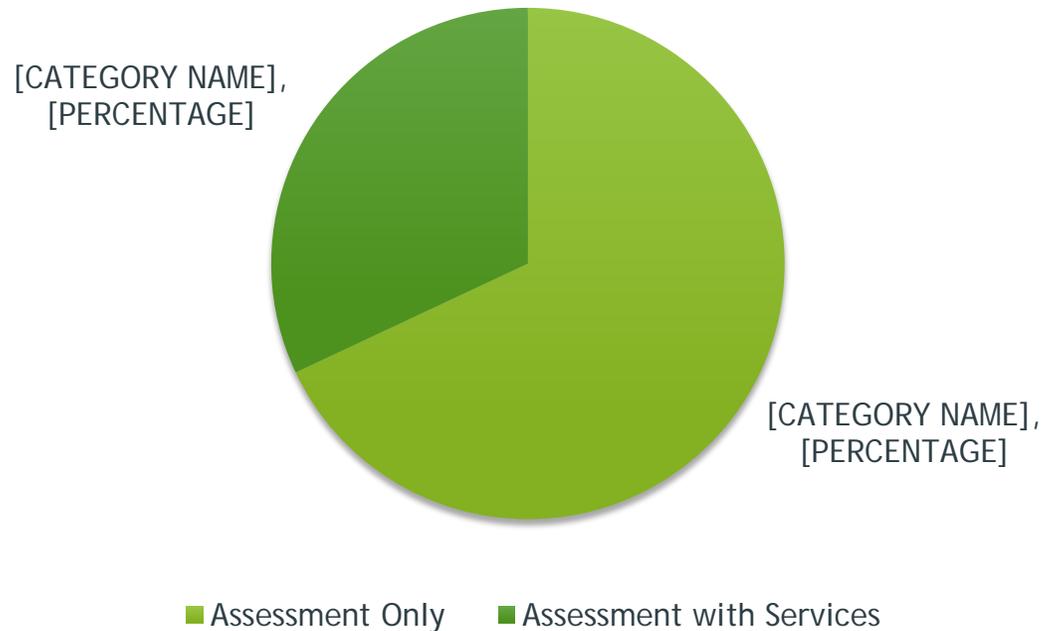
HRA Findings 2012 - 2015



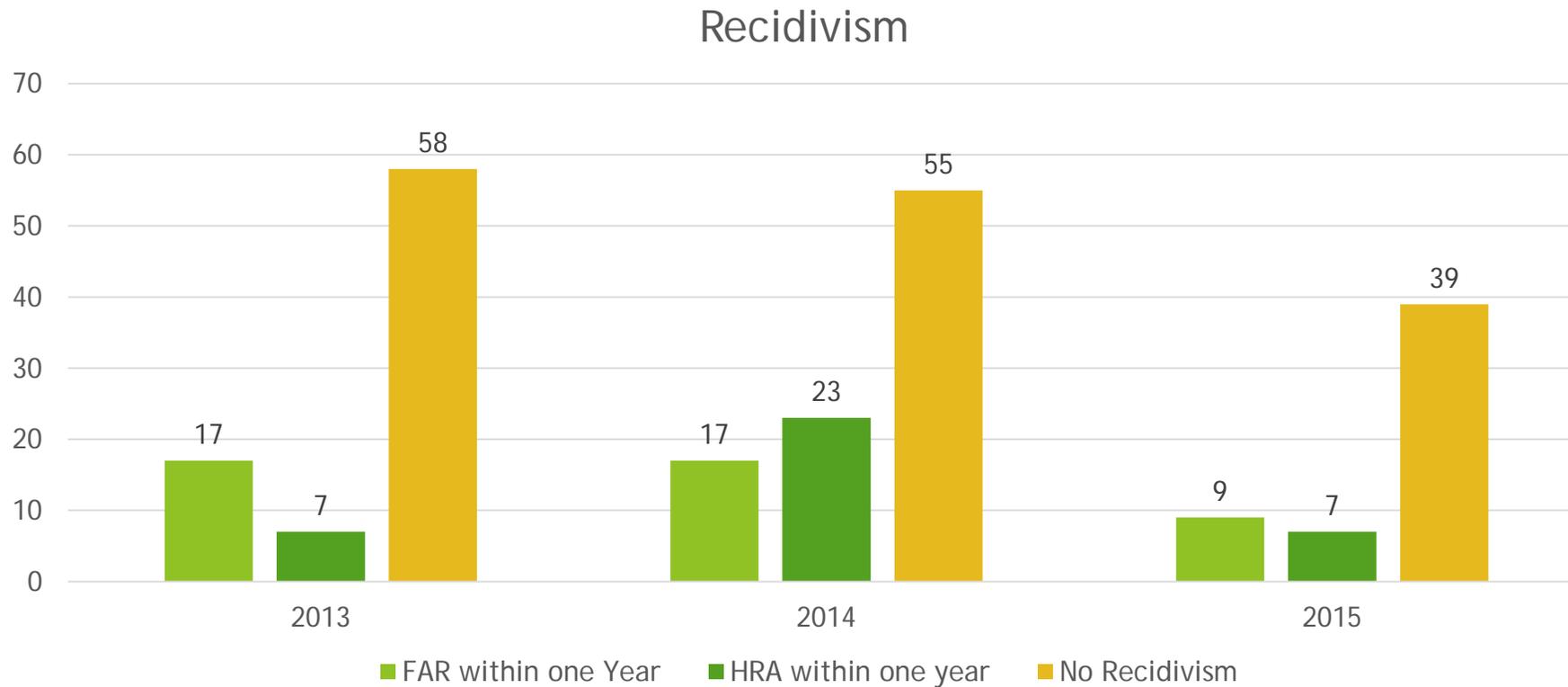
■ Founded ■ Unfounded ■ Inconclusive

Referrals that were *assessed only* and referrals that were *open for ongoing services*

Referrals: 2012-2015



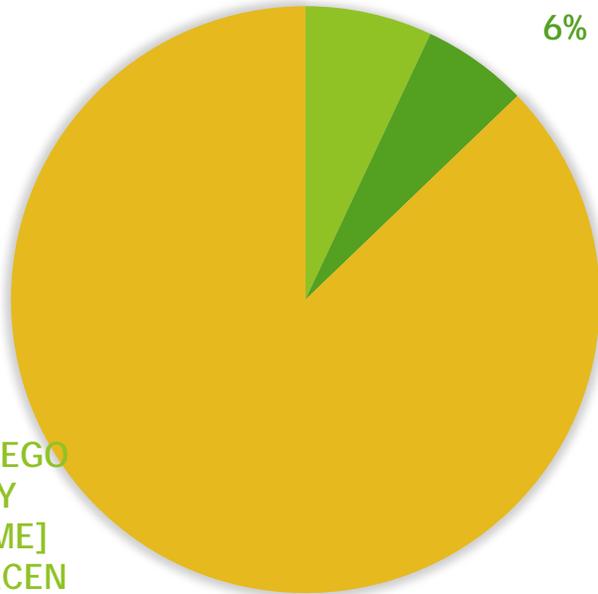
Recidivism within One Year



Percentage of kids that went into care vs. In Home

2014

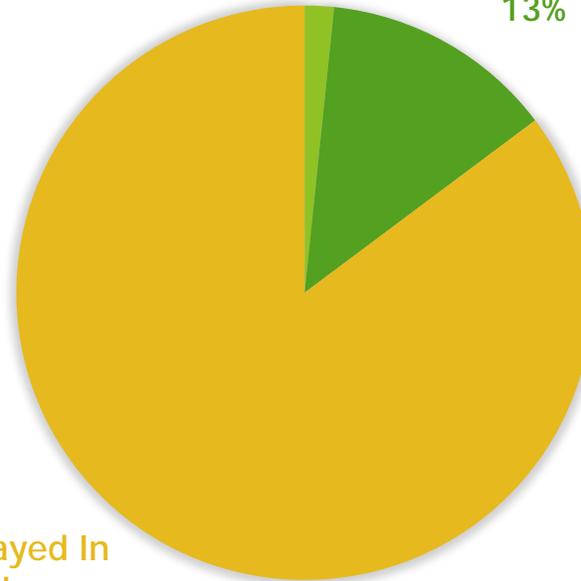
Foster Care
7%
Kin Care
6%



[CATEGORY
NAME]
[PERCENTAGE]

2015

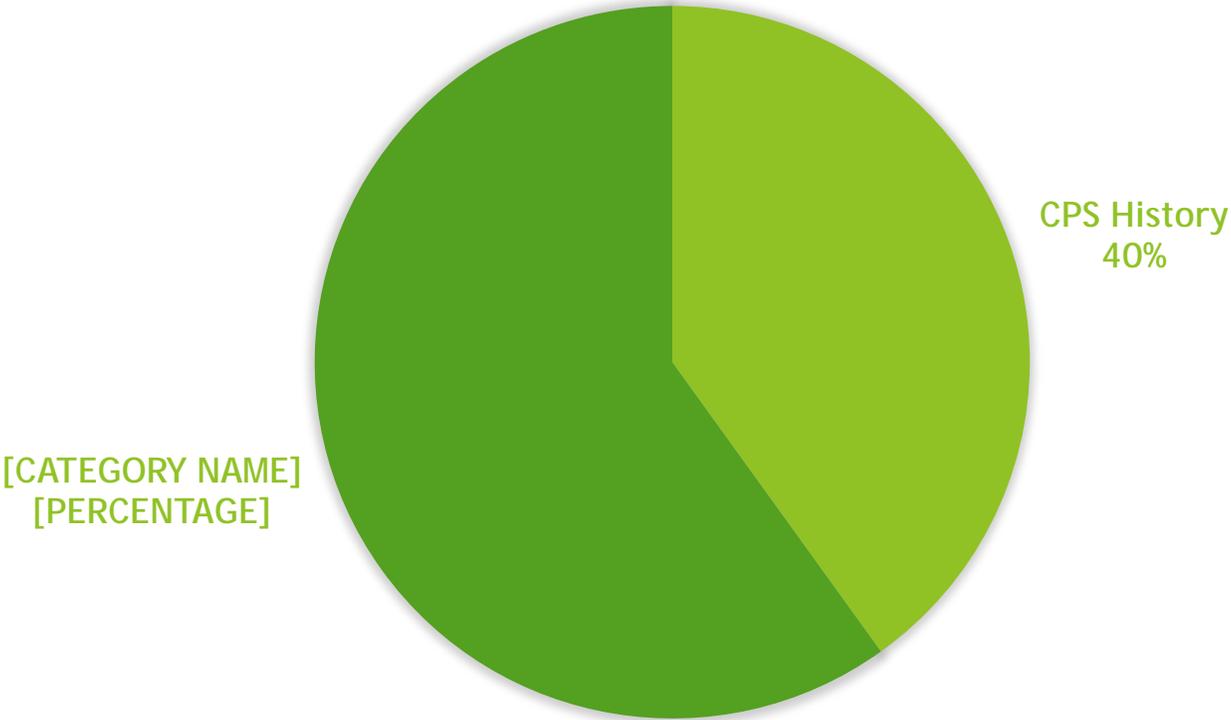
Foster Care
2%
Kin Care
13%



Stayed In
Home
85%

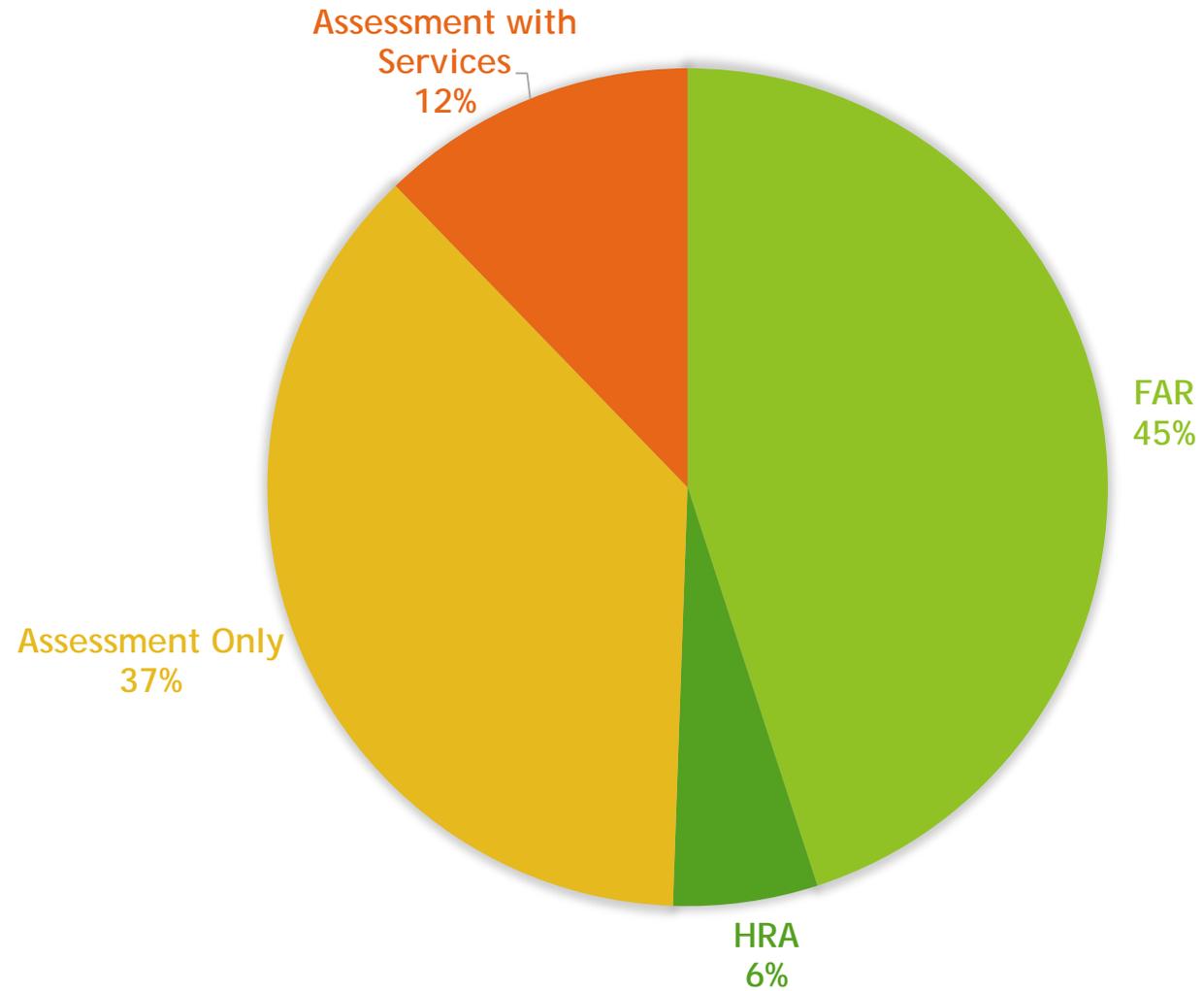
Prior History with DHS

CHILD PROTECTION SERVICES HISTORY 2013 - 2015



THC Data

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



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 ?



Additional Information:

Carol Wallman

Carol.Wallman@childrenscolorado.org

Angela Mead

amead@larimer.org



Children's Hospital Colorado

