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**Colorado Year 1 Site Visit  
Final Report**

*Colorado Consortium on  
Differential Response*



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# Colorado Year 1 Site Visit Final Report

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## 1. Introduction

The purpose of the site visit report is to evaluate the process of implementing a differential response (DR) model for the Colorado Consortium on Differential Response (CCDR). The process evaluation is part of the overall evaluation effort which features an outcome evaluation and a cost evaluation to assist in the determination of whether DR could be successfully replicated by other counties and adopted statewide in Colorado. This report is focused on the following three main areas: (1) the background of the project including pre-implementation activities and the development of the DR model; (2) implementation of DR including staff selection, training, coaching, supervision, caseload, organizational supports for DR, and community relationships; and (3) fidelity to the DR model including screening, eligibility, random assignment, assessment, services, case closure, and re-referral. Finally the report offers opportunities for improvement along with recommendations.

### 1.1. Terminology

Given the variety of naming conventions used nationally in differential response models, it is important to highlight and define these terms from the Colorado perspective.

- *Differential Response (DR)* – is the overarching name of the model, and describes the system and agency changes necessary to implement the dual track response system in child protective services (CPS). In particular, the DR model sets forth numerous strategies for family engagement that can be utilized in and have impact on assessment and service delivery in both tracks.
- *Investigative Response (IR)* – is a track in the dual track response system where county agencies respond to high risk screened-in allegations of abuse or neglect. This response includes worker engagement strategies that assist in the assessment of safety, risk, family needs, and family strengths. Investigative responses involve fact finding to determine a preponderance of the evidence as to whether or not child maltreatment occurred as alleged.
- *Family Assessment Response (FAR)* – is a track in the dual track response system where county agencies also respond to low and moderate risk screened-in allegations of abuse or neglect. This response includes worker engagement strategies that assist in the assessment of safety, risk, family needs, and family strengths. Family assessment response is the non-investigative track of the dual track response system, in that it does not require or allow the

worker to determine a preponderance of the evidence as to whether or not child maltreatment occurred as alleged. Additionally, the FAR track does not include court involved or court mandated investigations.

## **1.2. Context**

This report is designed to tell the story of the pre-implementation and initial implementation processes in the five counties that comprise the Colorado Consortium on Differential Response. The information is intended to assist these counties in better understanding their success and challenges to date and to prepare them to make adjustments to their DR approach. Thus, the evaluation team expects that change will be a constant for the balance of the project. To capture this change and paint a more comprehensive picture of DR in Colorado, a CCDR Implementation Manual will be completed at the end of 2012. This guide will provide other counties in Colorado and other States with a more complete roadmap of the key decisions and essential tasks to fully implement differential response in a state supervised and county administered CPS system. In addition, a final Evaluation Report (to be completed in 2013) will offer an in-depth analysis of the processes, outcomes, and costs of this child welfare reform. As such, we urge policymakers, practitioners, and other stakeholders to be somewhat conservative in interpreting the findings, conclusions, and recommendations from this interim evaluation of the DR implementation in Colorado.

## **1.3. Methodology**

The methodology for this report is a qualitative research design featuring focus groups, structured interviews, and document review. The National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR) developed the focus group and interview protocols with input from the local evaluation teams for the three research and demonstration sites: Colorado, Ohio, and Illinois. As the local evaluator for Colorado, the evaluation staff from the Social Work Research Center (SWRC) in the School of Social Work at Colorado State University (CSU) conducted the focus groups and interviews. Representatives from Walter R. McDonald & Associates, Inc. (WRMA), American Humane Association (AHA), and CSU took notes during the focus groups and interviews. A digital audio recorder was used to record the focus groups and interviews, and a professional transcriber hired by the SWRC transcribed the audio files. The evaluation team employed a constant comparative analysis approach to analyze the qualitative data through open, axial, and selective coding, which yielded narratives for each group that participated in the site visits. The evaluation team then combined findings across groups for the report. The evaluation team also reviewed documents

for the site visit report and informally interviewed the project director (PD) to gain more insight into the pre-implementation and initial implementation policies and practices.

#### **1.4. Recruitment**

The practice leads in each county participating in the Colorado Consortium on Differential Response (Arapahoe, Fremont, Garfield, Jefferson, and Larimer) were responsible for the focus group and interview recruitment with direction from the CSU lead evaluator. The practice leads distributed recruitment flyers and emails to the identified constituent groups including caseworkers, supervisors, administrators, screeners, and community stakeholders, which included members of multi-disciplinary teams (MDT), child protection teams (CPT), RED (review, evaluate, and direct) teams, school district staff, law enforcement personnel, service providers, and judicial representatives.

Overall, the evaluation team conducted 31 focus groups/interviews during the Year 1 site visits. As displayed in Table 1, there were five each in Fremont and Arapahoe counties, six in Larimer County, seven in Garfield County, and eight in Jefferson County. There were a total of 10 caseworker focus groups, eight stakeholder focus groups, six supervisor focus groups, five administrator focus groups/interviews, and two screener interviews. Each focus group had between four and 10 participants with a median of six. The focus groups lasted between 60 and 90 minutes and were conducted over a two-day period at each site.

Table 1  
*Number of Focus Groups and Interviews for Year 1 Site Visits in Colorado*

	<b>Caseworkers</b>	<b>Screeners</b>	<b>Supervisors</b>	<b>Administrators</b>	<b>Stakeholders</b>	<b>Total</b>
Arapahoe	2		1	1	1	<b>5</b>
Fremont	1		1	1	2	<b>5</b>
Garfield	3		1	1	2	<b>7</b>
Jefferson	2	2	1	1	2	<b>8</b>
Larimer	2		2	1	1	<b>6</b>
<b>Total</b>	<b>10</b>	<b>2</b>	<b>6</b>	<b>5</b>	<b>8</b>	<b>31</b>

The evaluation team has planned follow-up site visits for 2012, but on a smaller scale. The purpose of the second round of site visits is to check in with the counties and evaluate the continued implementation of DR. In 2013, the evaluation team will conduct a third round of site visits to elicit county and state perspectives on the results of the evaluation and the implications for sustainability and replication of the child welfare reform effort.

## **2. Background**

The background for the process evaluation includes the site description, the child protection system in Colorado prior to the DR project, concurrent child welfare reforms, and pre-implementation activities including consideration of and making the commitment to differential response. To provide context for this process, the implementation timeline for the first 20 months of the project are displayed in Appendix A.

### ***2.1. Site Description***

For this project, Arapahoe, Fremont, Garfield, Jefferson, and Larimer counties and the State of Colorado joined together to form the Colorado Consortium on Differential Response. The five counties range in size from metropolitan to rural and are located in four of the five regions of Colorado, including the Denver metro area. The five counties are diverse in geography, geology, population, and diversity.

Arapahoe County is a metro county with a child population of 142,851. The main cities are Aurora, Littleton, and Englewood. Arapahoe County has some very impoverished areas as well as the relatively wealthy neighborhood of Cherry Hills Village. There are nine law enforcement jurisdictions and as many school districts. In 2009, the child abuse and neglect referral acceptance rate was 51 percent of 8,075 referrals received with 7 percent of assessments opened into ongoing service cases. The primary family engagement project in Arapahoe is the LINKS Program, which is a facilitated family engagement process designed to enhance the transition between intake and permanency (ongoing) caseworkers, and promote family driven service and permanency planning including the family's identified supports.

Fremont County is the largest of the mid-sized counties in Colorado with a child population of around 8,500. Fremont County is two hours southwest of Denver, and lies at the foothills of the Rocky Mountains. The county seat is Canon City and the Royal Gorge is a popular draw for visitors. Much of the local economy is supported by 15 prisons, including a Federal Supermax prison. There are three law enforcement jurisdictions. In 2009, the child abuse and

neglect referral acceptance rate was 50 percent of 720 referrals received with 23 percent of assessments opened into ongoing service cases. Fremont County has been involved with their community in a positive way, which was largely spurred by their work in Collaborative Management and Family to Family.

Garfield County is a mid-sized county with a child population of approximately 12,000. The county is three hours west of Denver, across the Rocky Mountains. The main cities are Glenwood Springs and Rifle. Garfield County is diverse in income levels, given its proximity to the resort community of Aspen and the draw of Glenwood Springs. There are seven law enforcement jurisdictions. In 2009, the child abuse and neglect referral acceptance rate was 69 percent of 350 referrals received with 12 percent of assessments opened into ongoing service cases. Garfield County has been involved in Collaborative Management and Family to Family. Their facilitated family meetings process includes team decision making, family group conferencing, and family support planning meetings.

Jefferson County is a metro county with a child population of 113,070. The main cities are Arvada, Golden, Lakewood, and Wheat Ridge. It also includes the mountain communities of Conifer and Evergreen. There are 12 municipal law enforcement jurisdictions. In 2009, the child abuse and neglect referral acceptance rate was 63 percent of 8,602 referrals received with 10 percent of assessments opened into ongoing service cases. Jefferson County has been involved in various initiatives and projects over the years including Systems of Care, Family to Family, and Collaborative Management. Jefferson County has an active Parent Partners Program that provided much of the family involvement in this work. The Parent Partner Program provides “the family voice,” serves on the DR work group to provide a family perspective, reviewed the family exit survey, participates on the RED team, and is considered for participation on the family consumer council. In addition, Parent Partners assisted in the cognitive testing of the family exit survey, and provided valuable feedback prior to the implementation phase of the project. Additionally, Jefferson County brought a full-scale implementation of Team Decision Making prior to implementing DR.

Larimer County is a Front Range county with a child population of 64,000. Larimer County is one hour north of Denver and is bordered on the north by Wyoming and on the west by the Rocky Mountains. The main cities are Fort Collins, Loveland, and Estes Park. There are eight law enforcement jurisdictions. In 2009, the child abuse and neglect referral acceptance rate was 45 percent of 5,589 referrals received with 27 percent of assessments opened into ongoing service cases. Larimer County has a well-developed facilitated family meeting strategy,

servicing families at multiple points from assessment phase to ongoing involvement. The county also underwent extensive consultation with Minnesota practitioners during the pre-implementation phase of the CCDR.

## **2.2. CPS System Prior to DR**

Prior to the implementation of DR in these five counties, the CPS system consisted of one main intake response to screened in referrals of maltreatment. The Colorado Children's Code, which describes situations that rise to the level of agency intervention, is illustrated in Appendix B. Child welfare responses to abuse and neglect are considered Program Area 5 (PA5) in the Colorado system. Program Area 4 (PA4), is reserved for children deemed beyond control of their parents and/or involved in the juvenile delinquency system. The assessment of family and child needs and strengths in these situations does not result in a finding of abuse or neglect. However, there is much overlap between Program Areas 4 and 5, with assessments in PA5 being deemed more appropriate for PA4 and vice versa.

## **2.3. Concurrent Child Welfare Reforms**

In 2007, a series of child fatalities in Colorado received media attention. This spotlight prompted numerous evaluations and examinations of the overall state of child welfare practice. Governor Bill Ritter ordered a full systemic evaluation, forming the Governor's Child Welfare Action Committee. This committee, comprised of various local, state, and national experts on child welfare practice, met over the course of several years and fully developed a list of 35 recommendations for improvement. Differential response was among the recommendations, and this spurred the establishment of the CCDR. This strong push to reform the child welfare system intersected with other initiatives including Family-to-Family (Annie E. Casey Foundation), House Bill 1451 (Collaborative Management), Signs of Safety, and Family Treatment Drug Courts. The DR initiative was generally viewed as complementary with these concurrent child welfare reforms, as they are all models that seek to increase engagement with families and collaboration across systems and with the community. Two initiatives in particular strongly align with differential response: Colorado Practice Model (CPM) and the Colorado Disparities Resource Center (CDRC).

### **2.3.1. Colorado Practice Model**

The state division of Child Welfare (DCW) enlisted the assistance of the Mountains and Plains Child Welfare Implementation Center to develop, implement, and evaluate an overall practice model for child welfare practice in the state. The first phase of implementation has a

strong emphasis on continuous quality improvement and the use of data in system reform. The first cohort for the CPM was comprised of thirteen counties and one tribal community. Following the beginning of their work and the instillation of quality practice teams in those entities, the five counties in the CCDR were asked to join in the leadership and steering of this reform. In particular, it appears to be an appropriate fit for differential response and its practice components may be designated as an official “Promising Practices” in Colorado. This designation will be informed by the findings from the process, outcome, and cost evaluations for the DR project.

### **2.3.2. Colorado Disparities Resource Center**

The Colorado Disparities Resource Center was formed in 2009 through a partnership between AHA and DCW to address disparate and disproportionate outcomes for children of color in the child welfare system. In 2010, the CDRC approached the DR project to enlist participation in a series of learning communities on this issue. Since that time, counties have reviewed their data, and a few have taken steps beyond the differential response implementation to address outcomes. Larimer County has taken multiple steps to pay special attention to the service array for children in their communities, including the development of a town hall meeting to address this issue. The learning communities will conclude in April, 2012.

## **2.4. Making the Commitment to DR**

The commitment to DR in Colorado is illustrated by the activities and processes that were required for considering the CCDR, identifying leadership and engaging stakeholders, conducting community outreach, and making the decision to go forward.

### **2.4.1. Initial consideration**

The major catalyst for the Colorado Consortium on Differential Response was the opportunity to apply for a grant from the Children’s Bureau through the QIC-DR. The state solicited letters of interest from all 64 counties and received five firm commitments. Administrators from these five counties saw DR as a good fit or logical extension of what they were already doing from a practice perspective. Additionally, these five counties self assessed that they were particularly poised for a system change of this magnitude. There was a general familiarity with differential response via articles, conferences, and talking with champions of DR from other states. This, combined with a “desire to engage families in a better way” and “improve outcomes for kids and families,” was further facilitated by the QIC-DR federal grant

initiative. Additionally, information and consultation from individuals with experience in Minnesota was an influence in the initial consideration of DR for Colorado.

#### ***2.4.2. Leadership and stakeholders***

As a state supervised, county administered system, it was deemed important for the State to put forward resources for the initial consideration of the system reform. Thus, the State provided a Child Protection Manager to serve in this capacity. County Department of Human Services (DHS) directors and management teams, including administrators and supervisors, were the identifiable leaders during the commitment phase of the project. Key stakeholders at this point were mental health providers, law enforcement personnel, probation departments, district attorney offices, judicial services, magistrates, school districts, and county commissioners. Furthermore, child protection teams and TANF were cited as key stakeholders.

Larimer County was an early front-runner in the consideration of DR in Colorado. They had undergone extensive consultation related to Enhanced Screening, RED Teams, Solution Focused caseworker skill sets, Group Supervision, Family Meetings, and Support Plans prior to concrete exploration of a dual track response system. Given the need for legislative reform prior to implementation of DR, Larimer County did not begin to implement DR until the start of this project. However, their experience did benefit the project, particularly as it pertained to the initial considerations and pre-implementation of the DR model.

#### ***2.4.3. Community outreach***

The CCDR began under the assumption, based on the experiences of other jurisdictions, that community outreach and systematic response to community concerns would be an integral part of the work, particularly in the pre-implementation stage. The primary purpose of the community outreach was to promote community buy-in and education. Meetings and presentations were the primary means of outreach, in addition to frequent informal conversations with community stakeholders. Stakeholder meetings included treatment providers, school districts, law enforcement, mandated reporters, judges, and guardian ad litem (GALs). State personnel were sometimes involved and led meeting discussions. Trainings and presentations were provided to these same stakeholder groups, along with hospitals, Court Appointed Special Advocates (CASAs), court services providers, public health, the workforce center, Division of Youth Corrections, the District Attorney's (DA) Office, the SB 94 Coordinator, the SB 1451 management team, Council of Governments, Boys and Girls Club, Head Start, school district leadership, faith-based groups, and interagency practice teams, which consisted

of providers such as mental health, day treatment, domestic violence, and the child protection team.

Challenges to the community outreach process included the short turn-around time on the grant, which limited opportunities for outreach on the front end. Another challenge was explaining the project to others when DHS staff was still grappling with understanding DR. Reaching the entire community also was a challenge because of gaps in attendance at meetings. Lastly, sometimes misunderstandings were communicated, such as confusion about mandatory versus voluntary involvement with the department.

Administrators were asked about groups that were not initially brought into the process, but should have been. There was variability by county. The range of responses included most of those that were cited as specific targets of outreach. Specifically, law enforcement, the DA, the court, youth probation, GALs, mental health centers, mandated reporters (such as school staff), Youth Advisory Council, and child protection teams were mentioned.

#### ***2.4.4. Decision to go forward***

Without the QIC-DR, adoption of the model would have been delayed, or adopted differently across counties. According to one administrator, “actually saying ‘differential response’ and having an alternative track, with an assessment component, and what we’ve done in the state of Colorado – no, we wouldn’t have been able to undertake that on our own.” Another administrator acknowledged that without the statutory and regulatory changes (such as the waiver of the findings/interview process) they would not be implementing DR the way they are doing it now. In addition, being a part of the QIC-DR was essential to allow for the opportunity to collaborate and come to consensus on a DR practice model.

### **3. Overview of the DR Model**

The implementation of a DR-organized CPS system provided both an impetus and permission for system leaders to make significant changes to practice and administrative structures within their agencies. The components identified in the DR model are potentially enhancements that impact the entire CPS system.

#### ***3.1. DR Policy***

To allow for the FAR track, state and county staff partnered with legislators from Larimer and Arapahoe counties to seek legislation allowing for an exemption from the

requirement that a finding be made for all accepted referrals of child abuse or neglect. Several county and state staff testified to the Human Services Committee at the Colorado State Legislature to support this legislation. There were no opposing testimonies, and the legislation passed in the House and Senate. The legislation FAQ sheet and the final legislation (HB 1012) are provided in Appendix C. In Colorado, child welfare practice is governed by the Colorado Children’s Code (statute) and Volume 7 of Colorado Rule. An ad hoc committee convened in May of 2010 to review the conceived DR practice model and compare it to current rule requirements. CCDR utilized an existing waiver process to seek approval for the rule deviations. The waiver notice is also included in Appendix C. The sole deviations from rule that were necessary to fully practice the model were:

- **Rule 7.202.52 B.** “The [initial] interview shall be conducted out of the presence of the suspected person(s) responsible for the abuse or neglect.” CCDR requested that this rule be waived for any assessment that is found eligible and randomized for a family assessment response. CCDR requested that in instances where child safety is not compromised that caseworkers be allowed to interview children in the presence of the person named as the suspected person(s) responsible for the abuse or neglect in a Family Assessment Response.
- **Rule 7.301.2.** “The county department shall complete the Family Services Plan document for each child receiving services...” For each child receiving services in a Family Assessment Response, the Family Assessment Response Service Plan (FARSP) was substituted for the Family Services Plan (FSP) referenced in rule 7.301.2. The FARSP was designed with parent partner input to address each child’s needs for safety, permanency, and well-being. The design of the FARSP allows for use of family engagement strategies for completion. Therefore, CCDR requested that rule 7.301.2 be waived for families receiving services through a family assessment response and that caseworkers will complete the FARSP instead of the FSP for each child receiving services in a Family Assessment Response.

### ***3.2. Differential Response Model***

At the onset of the project, there was strong sentiment that the DR implementation should be informed by lessons learned from particular jurisdictions. Specifically, the outline of a Colorado DR model was largely borrowed from work done in Olmsted County, Minnesota by Rob Sawyer and Sue Lohrbach, both of whom had provided consultation to several of the counties in the CCDR prior to acceptance as a QIC-DR site. The Colorado DR model is based on principles and components that guide practice in determining eligibility, approaching the family, assessing safety, reassigning cases, providing services, and closing cases. The model

emerged from workgroups established to assist in the exploration and adoption of differential response.

### **3.2.1. Workgroups**

The project formed multiple workgroups very early in the process to determine the practices, policies, and philosophical underpinnings of DR as it would be practiced in Colorado. These groups met from the beginning of the project, and two more were formed over time. The workgroups were instrumental in enhanced communication between and among counties, particularly during implementation. They provided a venue for problem solving and sharing of successes and challenges. Much of the information regarding what went well at project launch, worries, and challenges was obtained during these meetings. The individual specialty areas were as follows:

- a. *Screening and Referral Workgroup* – This workgroup met regularly to discuss issues related to screening. In addition, the workgroup sponsored a screener’s teleconference to review training on the screening guide as well as challenges and strategies for its implementation. Finally, the Screening and Referral workgroup conducted a self-evaluation utilizing a random sample of referrals from the five counties.
- b. *FAR Practice Workgroup* – This workgroup met regularly to review concerns related to implementation and to work on specific issues such as domestic violence, track assignment, law enforcement involvement, documentation, and the initial visit. This workgroup looked at practice model components governing the initial visit, as well as policy guidelines and logistics. The FAR Practice workgroup spent some time role-playing the initial visit and plans to create a professional video on this topic.
- c. *Learning Development* – This workgroup was formed out of work with Sonja Parker during her Signs of Safety training at the Colorado site in the last reporting period. During her two week stay, Sonja hosted a Signs of Safety one-day workshop to assist each county in developing plans for sustainability of Signs of Safety skills and practice. Attendees developed relationships and shared enthusiasm for this method during the workshop, and expressed a desire to continue meeting, revisit sustainability plans, and assist one another in the development of learning opportunities.
- d. *Data Workgroup* – The evaluation team facilitated monthly meetings of the Data workgroup, which is charged with ensuring that Colorado Trails, which is Colorado’s State Automated Child Welfare Information System (SACWIS), has the capabilities and

functionalities to capture all data elements related to the project, and developing data assurance and survey reports. The workgroup includes the evaluation director (ED), PD, data experts, county representatives, State Administrative Review Division (ARD) representatives, and the Colorado Trails manager.

- e. Cost Study Workgroup – The evaluation team facilitated meetings of the Cost Study workgroup, which is charged with designing the data collection and analysis plan for the cost study. The workgroup includes the ED, PD, data experts, and financial experts from the CDHS and the five counties.
- f. *DR Leadership Team* – All of the workgroups were overseen by the leadership team, which is comprised of the PD, ED, administrators from all five counties, the evaluation team, the CDRC, and DCW staff. The team meets monthly to provide oversight of the project, monitor the budget, review implementation efforts and challenges, assist in evaluation progress, and share in the overall planning and leadership of the project.

### **3.2.2. Practice components**

Before gaining legislative permission and administrative support to implement the dual track response system for intake, numerous practices were highlighted by the CCDR as both complementary and integral to a rigorous model of DR. The universal hope was that the implementation of DR would have a profound impact not just on intake and assessment, but on the entire system of child welfare, with the emphasis on several philosophical principles. As shown in Appendix D, the following principles are fully explored with their corresponding practice components in the Colorado DR model.

- Safety-Focused
- Constructive Engagement (Partnership with Families)
- Collaborative Engagement (Collaboration with Communities)
- Family and Community Inclusion
- Assessment of Risk and Protective Capacity
- Transparency

The practice components of the Colorado DR model were designed to operationalize these values in the Colorado Consortium on Differential Response. The main components (in addition to the dual track response) are: Enhanced Screening, RED teams, Solution Focused Skill Sets, Facilitated Family Meetings, and Group Supervision.

- a. *Enhanced Screening* – Given the need in a DR system to make two substantial decisions at the point of referral, the Screening and Referral workgroup opted to develop and implement a common format for approaching reporting parties. The format included not only clarifying information about the allegation of abuse or neglect, but also information about supports and strengths from the reporter’s perspective.
- b. *RED Teams* – Prior to the formation of the CCDR, the customary method for decision making at the point of referral was the review of an individual supervisor. One county had experimented with group decision making at this decision point, and the other counties were interested in also pursuing this strategy. The RED team strategy, which is fully articulated by Sawyer and Lohrbach<sup>1</sup>, has been proposed as a promising practice for track assignment.
- c. *Solution Focused Skill Set* – Several counties in the CCDR had exposure to trainings by Andrew Turnell and Sonja Parker. To promote the value of constructive engagement, the project turned to Signs of Safety<sup>2</sup>. Recognizing that this work was derived from the therapeutic methods of Solution Focused Therapy, agencies sought out community coaches to further implement this skill set in workers.
- d. *Facilitated Family Meetings* – All five counties had structures in place for some model of facilitated family meetings, including Family Group Decision Making (FGDM), Team Decision Making (TDM), Family Unity Meetings (FUM), Family Group Conferencing (FGC), Listening to the Needs of Kids (LINKS), and other county specialized processes. These facilitated family meetings are used to promote family engagement, particularly for low and moderate risk cases. Additionally, practitioners articulated that facilitated family meetings can assist with safety and support planning, which include safety networks for families, both formal and informal.
- e. *Group Supervision* – All five counties attempted to implement group supervision. The rationale for this linkage was that implementation of a true philosophical shift might

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<sup>1</sup> Sawyer, R., & Lohrbach, S. (2005). Differential response in child protection: Selecting a pathway. *Protecting Children*, 20 2/3, 44-53.

<sup>2</sup> Turnell, A., & Edwards, S. (1999). *Signs of Safety: A solution and safety oriented approach to child protection casework*. New York: Norton.

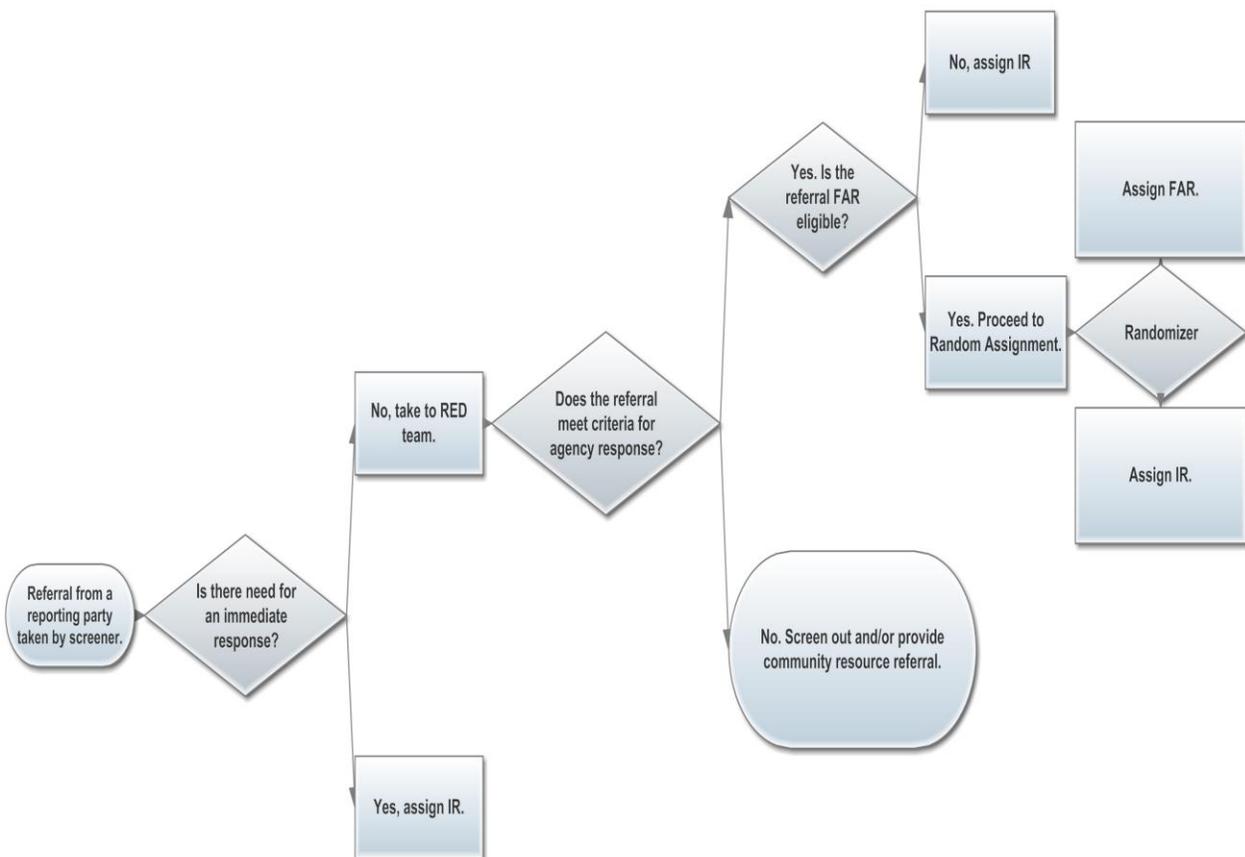
take place best in groups of workers meeting with supervisors to discuss decision points and intervention plans. This also flowed well with integration of solution focused skills.

- f. *Dual Track Response System* – Colorado implemented the FAR track, which is a non-investigatory response for low and moderate risk reports. The IR track is the investigatory response for high risk reports.

### 3.2.3. Case flow

Westat (local evaluation partner) worked with representatives from each county to develop case flow charts to visually depict the DR model. As displayed in Figure 1, the case flow provides an example of the initial screening and eligibility determination for the DR pilot.

Figure 1  
Generic Case Flow Chart for Colorado



### **3.2.4. Eligibility determination**

To decide on the eligibility criteria for track assignment, it was necessary to define low and moderate risk cases in comparison to high risk cases. The Screening and Referral workgroup developed the Agency Response Guide (see Appendix E) to assist in defining the mandatory or discretionary reasons for traditional investigation for high risk cases. This was an important exercise from both a practice and outreach perspective as caseworkers and stakeholders needed to be on the same page regarding the eligibility determination.

The RED team makes the primary decision about FAR eligibility. All five counties have posted the Agency Response Guide in their RED team rooms. Eligibility for FAR is tracked in Colorado Trails by documenting the main reasons that referrals are not FAR eligible. The following main reasons are mandated as ineligible:

- Allegation of serious harm
- Allegation of sexual abuse
- Suspicious child fatality or homicide
- Institutional referral

The following are the discretionary reasons for making a referral ineligible for FAR. Discretionary reasons are selected after a thorough review by the team of presenting danger/harm, complicating/risk factors, strengths, cultural considerations, history, and child vulnerability.

- Currently open investigation response
- Frequent, similar, recent referrals
- Violent activities in the household
- Caregiver declined services in the past
- Caregiver unwilling/unable to achieve safety
- Past safety concerns not resolved
- Previous serious child harm offenses
- Credible reporting party alleges high safety concern
- High child vulnerability
- Substance Abuse not manageable through FAR
- Domestic Violence not manageable through FAR
- Court ordered investigation
- FAR Eligible, approved exemption – staffing

- Not in FAR County jurisdiction
- Randomizer down – project director notified
- Insufficient information to assess for FAR eligibility

### **3.2.5. *Initial approach to the family***

Aside from the lack of a finding in FAR cases, the most striking practice difference in Colorado was a change in the initial contact with families following a screened in referral of child maltreatment. As stated before in the policy section, the requirement in Volume 7 that children be seen initially outside the presence of the alleged Person Responsible for Abuse or Neglect (PRAN) was removed in FAR cases. Thus, FAR caseworkers are less likely to use the element of surprise to see children within response times set forth by the RED teams. FAR caseworkers typically call families to alert them that a referral has been received and assigned. Then, caseworkers ask families about how best to complete an initial visit and ensure that response times for child contact are met. Specifically, FAR caseworkers are able to interview the family as a whole. This approach is perceived as less straining on a family than having to interview each child alone. Caseworkers note that if a child is fearful about talking in front of their family the option remains to talk to child separately (as is typical in the IR approach).

In a FAR case, collaterals may also be invited to participate in the initial contact or any other scheduled meetings, while collaterals are typically contacted separately in IR cases. During the first meeting, FAR workers give families a brochure explaining the FAR approach. Additionally, workers have a script to describe the project's evaluation elements of the project to families. Initial meetings are typically longer in FAR cases to allow caseworkers to spend sufficient time in obtaining the family history. An additional change is the shift in the workday schedule. Rather than having appointments during the day or seeing children at school, appointments are now scheduled in the afternoon or evening for most FAR cases.

### **3.2.6. *Assessment***

The Colorado Assessment Continuum is conducted in both FAR and IR cases. The safety and risk assessments are conducted at or before 30 days from the date of assignment. The North Carolina Family Assessment Scale (NCFAS) is administered at the development of a service plan (mandatory at 60 days) and at the conclusion of services, if services last longer than 180 days. To complete these tools and prompt conversations, workers use solution-focused engagement strategies such as Three Columns, Three Houses, Safety Houses, Safety Circles, and appreciative inquiry.

### **3.2.7. Services**

Service delivery in FAR cases is designated by a service plan, or a service authorization in Colorado Trails. Services are administered through a new document created for FAR, called the Family Assessment Response Service Plan. The tool (see Appendix F) is designed to be open ended and family friendly, and was developed using input from Parent Partners in Jefferson County. Services are required to formally begin by 60 days under Volume 7, unless the FAR is closed in the assessment phase.

### **3.2.8. FAR case closure**

In the absence of safety concerns warranting a safety plan, families receiving FAR have the choice of whether to stay involved with the agency and participate in services. In cases where there is no need for services, or the family declines further involvement, the FAR case will close at the assessment phase. However, in FAR cases where families need and volunteer for services, the agency engages in post-assessment service provision. FAR cases are closed when agency and family goals are met, and/or if the family chooses not to complete services. In a small percentage of FAR cases, there is a need to change tracks to assure safety and participation in services through court involvement.

### **3.2.9. SACWIS redesign**

The FAR Practice and Data workgroups agreed that changes were necessary in Colorado Trails for the implementation of a dual response structure, and to facilitate the randomized control trial (RCT) required for the pilot project. A Trails Design Group was convened for a period of four months to redesign SACWIS to align with the DR practice changes. Using financial support from the QIC-DR grant, the changes were made in several phases over the course of about 12 months.

The magnitude of changes in SACWIS required a comprehensive training for roll-out, which was co-delivered by a state SACWIS trainer and the project director. Additionally, a senior data analyst, the Colorado Trails manager, the PD, and the Colorado Trails help desk answered numerous questions about the new design, and assisted with necessary adaptations once the new practice was implemented. The redesign was composed of four major components: track assignment, FAR case type, framework, and track change.

- a. *Track assignment* – A new track assignment screen was added to the initial assignment window. This screen allows entry of eligibility information as well as random assignment and survey selection.

- b. *FAR case type* – A new case type was created. This type represented a hybridization of the traditional assessment screens and the traditional child welfare case types. The rationale was to allow for smooth transition of work from assessment to service delivery. The new case type also included the FARSP, as opposed to the traditional Family Service Plan (FSP). The new case allowed for the closing of assessment without a determination of maltreatment findings.
- c. *Framework* – A new window was designed called the “Framework.” The Framework is intended to account for the various types of “mapping” and documentation using a three columns format. The framework is used for RED team tracking, practice with families, supervision, and facilitated family meetings. The Framework is available for the entire life of the case, assisting in transfer of information.
- d. *Track change* – The flexibility to change tracks from the initial FAR assignment presented a technical challenge for the SACWIS system in Colorado. This was resolved using a relatively rudimentary process that converts the referral entity from FAR to a traditional IR assessment structure. However, this change is unwieldy for workers, in that their documentation does not carry over when this change occurs causing the need to re-document their assessment contacts from the FAR case into the new IR assessment.

#### **4. Initial Implementation of DR**

To explore the initial implementation process, administrators, supervisors, and caseworkers were asked to describe staff selection, training, coaching, supervision, staff performance monitoring, and caseload and workload related to DR.

##### **4.1. Staff Selection**

There were two different mechanisms for selecting caseworkers for FAR cases, although there was variation by county: (1) caseworkers were assigned by supervisors, and (2) caseworkers were self-selected. Supervisors had the flexibility to talk with peer teams (including intake and ongoing teams) to decide which approach would work better for them.

Selecting FAR caseworkers was an informal process in all five counties. However, supervisors reported that choices were made that took into account practice, personal, and educational characteristics, as well as staffing needs. Practice characteristics involved assessing the caseworker’s engagement process with families and level of experience with family engagement techniques. Other criteria for selection included caseworkers’ previous therapeutic background, understanding of family systems, schedule flexibility, and an expressed willingness

to attend trainings. Personal characteristics of the caseworker cited by supervisors included individuals who appeared to be non-judgmental and who were motivated to work at engaging families. The majority of supervisors reported that caseworkers were selected for FAR based upon their level of interest in the DR model.

According to supervisors, the most common characteristics of caseworkers who were drawn from existing pools of child welfare staff included staff who had: (a) interest in trying and learning new things, (b) demonstrated skills in engaging families, (c) previous experience with a “mixed team” (i.e., intake and ongoing) approach to child welfare, (d) previous human service related history, (e) an engaging work style, and (f) success tapping into resources. Furthermore, caseworkers with a background in intake were thought by focus group participants to be more efficient in getting assessments closed and effectively managing workload.

Other supervisors said there were no differences with regard to selection, as IR caseworkers and FAR caseworkers are expected to have the same skills set (i.e., assessment skills, strengths-based orientation). However, some supervisors did report that caseworkers who gravitated toward IR had more assertive personality types, the ability and willingness to be on call, and specialized training in areas such as forensic interviewing and sexual abuse.

#### 4.2. Training

Table 2 outlines the complete trainings for the project in the phases described in this report. Given the multiple practice strategies highlighted to support the model, the training plan was designed to be comprehensive and as agency wide as possible. The training during initial DR implementation was received with both appreciations and concerns. Specifically the sequence and scope of the trainings received primarily negative evaluations, while feedback on training differences, application of trainings, and specific trainings was more positive, especially when caseworkers were able to see a direct link between what they were learning and how they could apply it in practice.

Table 2  
*Training Delivery for DR Project in Colorado*

Name	Dates	Subject/Rationale	Trainer	Attendees
<b>2 Day Initial Site Training</b>	Summer, 2010	DR history, QIC-DR role, and intro to process and practice	Project Director and National QIC-DR Staff	County Staff (all units)
<b>Evaluation</b>	Summer, 2010	Evaluation purpose and procedure	Evaluation Director	County Staff (all units)

<b>Signs of Safety</b>	January & September, 2010	Solution focused practice/skill set for workers in the agency	Sonja Parker, Aspirations Consultancy	County Staff (all units)
<b>Screening</b>	Summer, 2010	Solution focused practice in screening, including enhanced model for questions to referral sources	Project Director	Screening and on-call staff
<b>Colorado Trails Initial Training</b>	October, 2010	Outline of all Colorado Trails changes needed to facilitate the dual track system and randomization process	Project Director and State IT Specialist	County Staff (all units)
<b>Domestic Violence</b>	January, 2011	Framework for assessment and practice in families where DV is a factor, with the focus on special considerations in a dual track system	David Mandel and Associates	County and State Staff (all units)
<b>New Caseworker</b>	February and March, 2011	Initial 2-day training for caseworkers joining counties where DR is practiced, including designated FAR workers	Project Director, State Lead, and County Training Staff	New Caseworkers and Supervisors (all Units)
<b>Documentation Day of Fun</b>	March, 2011	Recap and lessons learned related to documentation in a FAR case	Project Director	County Staff (all units)
<b>Group Supervision/ RED Team</b>	Summer, 2011	Consultation on group supervision/RED Team/use of the framework for casework	Sue Lohrbach, AHA	County and State Staff (all units)
<b>Trails Refresher Webinar</b>	Summer, 2011	Refresher on Colorado Trails entry and introduction to major design changes	Graig Crawford (senior data analyst)	County Staff (all units)
<b>Quick FAR Training</b>	Summer, 2011	Initial training for caseworkers joining counties where DR is practiced, including designated FAR workers. Abbreviated to 4 hour session designed to complement state pre-service academy.	Project Director, State Lead, and County Training Staff	New Caseworkers and Supervisors (all Units)

#### **4.2.1. Training sequence**

Caseworkers thought that the trainings were delivered out of sequence. For some, there was too much time between receipt of training and actual DR implementation. For others, the training was “too little too late,” as it occurred after they began their new role. Numerous caseworkers expressed feeling “bombarded with a ton of training all at one time.”

#### **4.2.2. Training scope**

For some workers, there were too many trainings during the initial implementation of the DR project. One caseworker shared, “I really had to swim my way through just to grab onto something...because there was just so much.” While many workers felt over-trained, they also were working to make sense of all the trainings. One caseworker remarked, “We’ve had a year’s worth of training and I think probably within the last four months I’m finally getting a grasp of what’s going on.” Combined with time spent at the training academy, the additional training for new FAR workers impacted staffing and was another concern voiced by caseworkers.

Although one caseworker stated, “I think we made a concerted effort for all employees to have the same level of training,” it appears that IR and FAR caseworkers received a different training scope. It was noted by IR workers that they did not have too much DR-specific training, although they did participate in Signs of Safety training and the initial site training. However, the initial site training for IR caseworkers was thought to be “not nearly as extensive as [for] those who are designated [as] FAR workers.”

#### **4.2.3. Application of training**

Caseworkers reported demonstrating a level of comfort and confidence when they were finally able to practice what they had learned. One caseworker stated, “It’s like with anything in this job, I don’t think you really learn it sitting there [in training].” Caseworkers expressed comfort in knowing the differences between IR and FAR. Caseworkers shared that they are regularly using training materials as a resource and that this information provides an opportunity to reintroduce tools when working with families. Regardless of role, the DR training has seemingly enhanced the ability of caseworkers to speak the same language with each other and with families.

#### **4.2.4. Specific trainings**

Some caseworkers found the initial two-day training helpful as a good reminder to focus on child safety. However, many expressed that this training was too much about what differential response is versus how to implement DR in practice. Although caseworkers liked receiving training on the philosophy of DR, many felt the training did not utilize enough examples.

The Signs of Safety training received the most positive feedback. Caseworkers expressed feeling excited about this training and that it fit best with their ongoing function as child welfare caseworkers. As one caseworker stated, “I think the Signs of Safety training was probably the most relevant and that’s what I use a lot in my practice right now.”

Overall, caseworkers perceived the Documentation Day of Fun training as very useful. The PD developed and delivered this training to assist workers in the new documentation required of FAR cases in Colorado Trails. One caseworker commented, “I think it was better because time had passed so there were some higher quality questions being asked and it was a grouping of different counties that were all kind of in the same boat together even though their practice was just a little different.”

Screeners appreciated that there was a training held specifically for screeners, especially being trained around a given list of questions. They also like that conference calls were held between all five counties with just screeners, and thought the visits from Ohio Practice Coaches, group review of referrals for the *Protecting Children* journal article, and the Signs of Safety reading were helpful.

The limited feedback on webinars was mixed. Some caseworkers expressed that “webinars are bad unless they’re very focused, very specific and there’s a time limit and a certain focus to the training.” Whereas, others shared that they “liked the webinars, especially the one with David Mandel related to DV.” For some, participation in the webinars appeared to encourage related discussions during group supervision.

#### **4.3. Coaching**

During the initial implementation of DR in Colorado, coaching occurred through three primary means: (1) state coaching, (2) external coaching, (3) and the RED Team process. While

coaching was available to both FAR and IR workers, such activities were, most often, utilized by the FAR caseworkers.

#### **4.3.1. State coaching**

The PD and the state DR lead devoted a large percentage of their time in the early stages of initial implementation to county visits. The purpose of the visits was to provide process consultation, practice coaching, and on-site technical assistance. Visits included shadowing teams during track assignment, attendance at family meetings, and shadowing workers in the field. As state-level coaches, these individuals often accompanied caseworkers in the field and worked one-on-one with caseworkers to identify their needs.

Caseworkers who received state coaching reported it to be effective. Specifically, full day shadowing of caseworkers and provision of one-on-one training and feedback by the PD was reported as helpful, as was the observation of RED teams. However, not all caseworkers have received state coaching and some have found it difficult to take advantage of the opportunity. This difficulty appears to be a result of caseworkers' scheduled home visits not always coinciding with the days on which the state-level coaches are available.

#### **4.3.2. External coaching**

The following individuals external to the project served as coaches: staff from counties in Ohio experienced with DR practice, Sonja Parker, who provided case consultation and coaching related to Signs of Safety, an expert on the appreciative inquiry model from a local college, and community treatment providers hired to coach caseworkers on solution-focused work.

During the spring and summer of 2011, consultants from Franklin County, Ohio spent five days in Arapahoe, Larimer, and Jefferson counties, while one practice coach visited Fremont and Garfield counties for three days. Visits capitalized on opportunities to consult in various areas of practice, from screening to track assignment and case planning. Following each visit, written reports were prepared and disseminated internally to assist in planning for improved practice. Caseworkers reported that their time with these coaches was short and that most of the time spent by these coaches was with supervisors and administrators. Caseworkers reported that they would like to have their own direct contact in Ohio to use as a consultant and role model.

### **4.3.3. RED team**

The RED team process was cited as another means of coaching. Caseworkers reported learning from each other about what constitutes danger, harm, and risk along with what safety mechanisms to implement. In addition, the RED team enabled supervisors to review and discuss feedback coming from caseworkers. An emphasis on “getting everyone throughout the division to understand how criteria for assignments and those decisions are made” was mentioned as a benefit of the RED team approach.

## **4.4. Supervision and Staff Performance Monitoring**

A number of strategies have been implemented by counties in the Colorado Consortium on Differential Response to improve practice among FAR and IR caseworkers including supervision and staff performance monitoring.

### **4.4.1. Supervision**

The supervision of caseworkers can be framed around a number of areas: (1) supervision function; (2) supervisor role; and (3) supervision structure. The function of supervision is to provide caseworkers with timely feedback on their practice and assist them with decision making on a case-by-case basis. Supervision can occur in a group setting, in which other caseworkers are present to discuss case-specific questions and strategies, or individually, in which there is a one-to-one meeting between supervisor and caseworker. The philosophy of moving to a group supervision model is to leverage all of the expertise available in an agency to make the best possible child welfare decisions. This mirrors the reasoning behind the rapid growth of RED teams. Although all five counties implemented some form of group supervision in addition to individual supervision, there are differences across counties in the structure of this supervision. For example, some counties have supervisors who supervise both IR and FAR workers, while other counties have supervisors dedicated to one track. In addition, there is variation in the amount of supervision received, as some caseworkers stated that they receive weekly supervision while others receive monthly supervision.

Overall, participants agreed that group supervision was a valuable experience. Specifically, caseworkers reported that it is a good process by which to get different perspectives from different backgrounds. Although caseworkers appear to like the idea behind group supervision given the multiple opinions it provides, they are concerned with how much time it consumes in their day. An additional concern is that consistent participation in group

supervision by ongoing workers is challenging due to rotating schedules, travel, and work responsibilities. From the supervisor perspective, there are several challenges associated with applying a group supervision model to DR practice including a lack of structure and the amount of time required to facilitate the process. Although supervisors indicated that the group supervision process was improving, they reported that it has been a stressful journey. Some caseworkers expressed ambivalence about the process of group supervision noting the challenge of keeping caseworkers invested. As one caseworker stated, “I think we still have a significant challenge with people being there and being focused and paying attention and staying with the process.”

The caseworker focus groups appeared to uncover some confusion regarding the supervisor’s role with regard to individual supervision. As one caseworker stated, it is “hard to know a supervisor’s role now...because major case decisions are made within group supervision.” One particular change noted in the supervisor’s role is the provision of case consultation. To provide such consultation, caseworkers expressed the importance of supervisors accompanying them in the field on a quarterly basis. Another caseworker shared the sentiment that they are all learning together saying, “I think our supervisors are helpful but they’re too new, none of them have done this before so they’re figuring out as we go just as much as we are.”

#### **4.4.2. Performance monitoring**

Caseworkers identified three primary procedures by which their performance related to both FAR and IR cases is monitored. These procedures include supervisor review of their cases at closure, formal supervision, and formal evaluations. Caseworkers reported that supervisor review of their cases at closure is primarily based on an examination of the documentation associated with the case. As this review must occur before closure of the case will be approved, it provides an opportunity for supervisors to feedback to caseworkers. The performance reviews at case closure are the most informal of the procedures to monitor caseworker performance.

Caseworkers were divided in their assessment of whether formal procedures for supervision were being utilized as a tool to monitor caseworker performance. Formal procedures include yearly performance evaluations and caseworker reports from Colorado Trails that track face-to-face contacts made by caseworkers with families. FAR caseworkers identified standard areas of performance on which they are monitored such as customer service, safety, communication, job knowledge, and teamwork. In addition, FAR caseworkers

reported that individual performance improvement plans are developed and agreed upon with their supervisors. They noted that, since DR implementation, these areas of performance improvement have become more FAR driven, in that they align more closely with the goals and aims of FAR practice. Similar to caseworkers, supervisors cited supervision, monthly contact reports, performance driven reports, and yearly standardized performance evaluations as ways in which caseworker performance is monitored. Specific supervision techniques included daily check-ins, shadowing caseworkers, observing family meetings, and performing case reviews.

#### ***4.5. Staff Caseload***

A caseload/workload study was not conducted for the five counties in the DR project, so information on changes in caseload size or workload limits were not available. However, screeners, administrators, caseworkers, and supervisors were asked to provide anecdotal evidence on staff caseload and workload issues in the Colorado DR model. Overall, there was a lack of consensus on the impact of the DR implementation, including the random assignment of FAR eligible cases, on caseworker caseload and workload. However, the varying perspectives within and between counties provides insight into how different child welfare professionals perceive caseload and workload issues in the midst of a reform effort.

Given the challenges with regard to roles and responsibilities associated with caseload, several caseworkers noted that child protection worker functions have become less distinct since DR implementation. Caseworkers noted challenges related to caseload in the following areas: (1) the transition of cases, (2) the assignment and re-tracking of cases, and (3) new roles and responsibilities. Ongoing workers noted the challenges associated with the transition of cases from the intake worker to the ongoing worker. Caseworkers reported that there have been challenges related to the assignment of referrals since DR implementation, including those challenges associated with re-tracking a case. Some administrators noted only a minimal effect and thought that caseload had balanced out over time. It is anticipated that caseload concerns will lessen once the randomizer is no longer used to assign cases. However, where staffing patterns had been inadequate prior to DR, the effects of the randomizer may be less clear. Screeners noted an increase in incoming calls, but were not necessarily in agreement as to whether that was a result of DR implementation.

#### ***4.6. Staff Workload***

For workload, it was perceived that IR caseworkers have experienced an increased workload because their caseload includes more high risk, high safety concern cases. Prior to the

initial implementation of DR, when cases were not distinguished as FAR or IR, caseworkers carried a more balanced workload of low, moderate, and high risk cases. A number of caseworkers have had a FAR case reassigned to the IR track. There were varying reasons for this occurrence including safety concerns, the need to remove the children and thus file a dependency and neglect petition with the court, new referrals necessitating a mandatory investigation, uncooperative families, custody issues, children being placed in foster care, and participation in Family Treatment Drug Court. Other caseworkers experienced cases where the family was uninterested in engaging in the FAR approach and just wanted DHS to do the investigation, make a finding, and be done. Regarding the re-tracking of cases (which occurs in fewer than five percent of cases), an IR caseworker noted that it's "hard when we're already feeling really overwhelmed and stressed to have something switch tracks back to investigative." Screeners also noted that an increased emphasis on getting additional information upfront has increased their workload.

Supervisors provided a different perspective on the impact of the DR project on staff workload. For example, some supervisors considered the FAR cases to be more taxing, others reported that IR cases were more challenging, while others did not consider there to be any difference in workloads between the two tracks. Supervisors who felt that the FAR workload is more demanding indicated that the documentation requirements for FAR cases in Colorado Trails increase the time workers spend on a case. Supervisors also reported that there is more "caseworker contact" in FAR cases. Supervisors who considered the IR workload to be more challenging cited that, although IR workers may have fewer cases, the cases are more intense.

## **5. Organizational Supports**

The organizational supports for the initial implementation of DR in Colorado can be conceptualized by the performance measures, monitoring and reporting processes (including monthly leadership team review of ad hoc report and problem-solving function), administrative structures, and champions of differential response in Colorado.

### **5.1. DR Performance Measures**

As displayed in Table 3, family, caseworker, and system level outcomes are being monitored and reported to assess FAR performance. The key family outcomes identified in the focus groups are removal from home, new case involvement, re-referrals, and family engagement. The caseworker outcomes are retention and satisfaction. The system level outcomes of most interest to administrators are screen-in rates, eligibility rates, racial disparity,

and community service capacity (e.g., use of community agencies, number of contracts with community agencies, effectiveness of community services). After the random assignment period ends, counties also will track the consistency of eligibility determinations and assignment decisions made by RED teams.

Table 3  
*DR Performance Measures in Colorado*

Family Outcomes	Caseworker Outcomes	System Outcomes
Recurrence of maltreatment	Retention	Screen-in rates
Removal from home	Satisfaction	Eligibility rates
Out-of-home placements		Racial disparity
New case involvement		Timeliness
Court (D & N) Involvement		CFSR
Time to reunification		Service capacity
Reentry		
Re-referrals		
Family engagement		

### **5.2. DR Monitoring and Reporting**

The monitoring and reporting of the performance measures is accomplished in a few ways. First, ad hoc reports are generated monthly and are reviewed by the leadership team and members of the data workgroup. The ad hoc reports include data on track assignment, referral acceptance rates, required investigation reasons, track changes, case closure, caseworker contacts, timeliness of initial response, and follow-up outcomes (e.g., subsequent referrals and assessments). Second, administrators regularly discuss FAR eligibility rates with directors and supervisors, and supervisors also are discussing this with caseworkers. Third, CFSR outcomes are monitored quarterly, as administrators have discussions with supervisors and caseworkers. Overall, it appears that information on outcomes is reported to the leadership and administrative teams and then filters down to the supervisor and caseworker levels.

### **5.3. Administrative Structures**

As described earlier, a group supervision model and RED team approach were implemented as the primary administrative structures for DR practice oversight and development. Administrators viewed both group supervision and RED teams as being more participatory and collaborative. It was argued that the increased time spent on cases in group supervision and RED teams was quality time that may avert time spent in court. Administrators thought that active engagement of supervisors in these structures was critical in moving the DR process forward.

Administrative policy changes involved some staffing restructuring as the composition of various teams shifted to ensure a good balance of workers on IR, FAR, and ongoing teams. The community services delivery model moved toward providing more upfront services to families. The policy regarding family meetings was scrutinized to ensure that the chronology of contacts between the family and DHS makes sense on both sides. Safety planning policy was adjusted to make sure that workers understand the importance of safety and support networks, as well as approaches to risk assessment with the family. Additionally, some changes were necessary in the definitions used in the Colorado Assessment Continuum for the safety and risk assessment (see Appendix G). These definitions are set up for a one track system, and needed clarification to account for FAR involvement, particularly as it relates to CPS history.

### **5.4. Champions of DR**

There was a wide range of individuals who championed the implementation of differential response in Colorado. The most frequently cited champions of DR were supervisors, especially intake and special project unit supervisors. Focus group participants identified FAR workers, administrative teams, RED team participants, managers, and, in one particular county, the “data person” as DR champions. Community stakeholders also were noted as champions of DR, including judges, magistrates, and community mental health providers. “We all are [champions]” said one administrator, as the “practice principles around family engagement have really been embraced throughout the division.” According to one participant, the upside to implementation has been that “we’re not as siloed...we’re learning more about all the different parts of the organization and what everybody’s doing.” Another participant observed, “I think it’s been good because the whole agency has tried to be part of this change.”

Effective DR champions were said to have been supportive of, and embracing of, the initiative. They were described as being enthusiastic regarding FAR and were thought to

encourage their staff to promote FAR. For example, community stakeholders performed their championing functions through active involvement in meetings, RED teams, and presentations and in dissemination of the practice to their agencies. In comparison to other child welfare reforms in Colorado, there were perhaps less DR champions. A few possible reasons is that maybe there were individuals who remained anxious and/or skeptical about DR practice in regard to child safety, or that the counties had not yet provided enough education to these individuals to allow them to advocate for the practice change. Additionally, the reform was limited to five counties out of the 64 in Colorado, so that also had limiting effects in garnering state level champions.

## **6. Relationship with the Community**

Overall, focus group participants felt that the relationship between CPS and community partners in the five counties was “more collaborative” since DR implementation. In particular, supervisors noted improvements between CPS and mental health providers, domestic violence providers, victim advocates, and schools. However, some caseworkers felt that the relationship between CPS and schools, law enforcement, and therapists had become somewhat strained because of the practice change associated with DR. In addition, a few supervisors reported that community relationships had soured with GALs and CASAs. Lastly, other supervisors perceived such relationships to be unaffected noting that the relationship between CPS and community service groups has “always been an area of contention.” The relationship between the five counties implementing DR in Colorado and their respective communities was further explored in relation to awareness and understanding of DR, formal involvement of community stakeholders with DR, and anticipated impacts of DR.

### **6.1. Awareness and Understanding of DR**

Overall, half of community respondents reported that they were familiar with the DR project. However, there was wide variance across the counties in the reported knowledge about DR. The most frequently reported ways in which community stakeholders learned about DR was through the Child Protection Team, the Multidisciplinary Team, or via presentations and trainings by county DHS. Community stakeholders also learned about DR during community meetings, staff orientations, case referrals, RED teams, and communication with DHS staff.

Beyond being aware about DR, community stakeholders also expressed a great deal of praise for the project. This was reflected in their opinion that differential response applied a “strengths-based, family-centered” approach rather than treating individuals and/or families in

an “accusatory” manner. Community stakeholders described the FAR process as one that is designed to engage families in a collaborative manner to help them address their specific needs rather than applying a generic approach to reported cases. An illustration of the family-centered orientation of DR was articulated by one stakeholder who stated that FAR “works with families in a different way in order to gain cooperation so that families will accept services and work towards strengthening their family versus maybe hiding something because there could be an investigation or a founded child abuse.”

Community stakeholders reported that familiarity with DR varied within their organizations. Agencies with a high level of familiarity included law enforcement, smaller school districts, and CASAs due to their ongoing relationships with DHS staff and participation in DR trainings and meetings. Home visitors and county mental health centers also were aware of DR due to their involvement in facilitated family meetings. In addition, public health departments and military bases were reported to be familiar with DR. Those with less familiarity included police departments due to confidentiality restrictions, school districts including Head Start, and foster care agencies, which would likely have little exposure to DR.

Because the county response to CPS referrals would look different to community stakeholders and agencies under a DR model, maintaining awareness and understanding was viewed as crucial to the sustainability of the practice. Administrators emphasized that accurate and specific information sharing through ongoing communication was essential to fostering understanding and facilitating relationships with stakeholders. Other strategies that seemed to work included attending volunteer board meetings, inviting stakeholders to observe RED teams, developing internal liaisons between DHS staff and other human services departments, and maintaining one-on-one relationships with community providers. There were other adaptations to the outreach process, such as implementing shifts in practice by continuously educating stakeholders. Lastly, the process evaluation site visits helped DHS staff to better understand DR, which then enabled them to communicate more effectively about DR to others.

## ***6.2. Formal Involvement of Community Stakeholders***

Community stakeholders cited a number of different ways in which their programs were involved with the DR project. For example, the role of the Public Health Department is to provide resources and give consultation regarding what resources are available to cases as well as to assess whether there may be any health concerns. According to Public Health Nurses, public health is now able to work with families at the same time as DHS, “which has been very helpful for us because we have better communication with the caseworkers.” Similarly, staff

from the Mental Health Center discussed how DR was positively impacting their relationship with DHS and families. Specifically, they were starting to see more engaged families and more “collaborative” relationships between caseworkers, clinicians, and parents. Juvenile Probation staff indicated that they were starting to observe more open communication between families and juvenile probation.

As per Child Abuse Prevention and Treatment Act (CAPTA) requirements, each county in Colorado that receives more than 50 reports of abuse or neglect per year is required to host a multi-disciplinary Child Protection Team (CPT) composed of members from the community. The former purview of the CPT was to assist workers in maintaining compliance with state law and rule, with a focus on intake and assessment. During the initial implementation of DR, it was reported in some counties that their focus in FAR cases moved toward community resourcing and away from analysis of the finding.

Early in workgroup meetings, practitioners began to identify that changes would be necessary to change process and practice with law enforcement in the FAR track. Coordination with law enforcement “at the front end” was important, as administrators perceived that they needed “to be aware and on-board.” One county took advantage of the change to update their memorandum of understanding with law enforcement to describe the new change. The FAR Services workgroup and the Screening and Referral workgroup also developed a document to delineate how counties can coordinate with law enforcement under a DR model (see Appendix H).

### **6.3. Anticipated Impact of DR**

Overall, community stakeholders expressed a belief that differential response would be beneficial for families from both a service provision and child safety perspective. Community stakeholders reported that FAR expanded the network of services available to families while offering more comprehensive services to them. Stakeholders also were optimistic that the strengths-based approach would help to prevent burnout and reduce staff turnover. Furthermore, community stakeholders applauded the counties for trying to do a better job at addressing suspected cases of abuse by evaluating DR with a data-driven approach to make sure that what they apply and learn is evidence-based.

More specifically, the family-centered approach of FAR was perceived to translate into an improvement in the delivery of services to individuals and families. With the advent of DR, stakeholders reported that necessary services could now be implemented right away, and were

being put into place for families in more creative ways by caseworkers. As a result, they feel that family members are more likely to accept and follow-through with offered resources due to feeling less threatened. CASA staff noticed that families are beginning to see caseworkers as more of a “resource person” and not as “adversaries.” Special Education and Children’s Services staff reported that they were seeing linkages between available resources and family engagement. In at least one county, Head Start staff reported that they were increasingly being considered as a resource and that parents were now requesting services for themselves.

While differential response has had a noticeable positive impact on many programs, there were other programs that shared how DR has been less positive. For example, school district staff expressed concerns regarding how screeners’ use of a scaling question in the enhanced screening practice component has impacted the mandatory reporter role of school district staff. Law enforcement personnel also expressed unease relative to the impact of DR on their work with child welfare cases. For example, even if DHS does not make a finding in a FAR case, officers still have discretion and could issue a summons or make an arrest, which may conflict with what DHS is trying to accomplish with the family.

Although the majority of community stakeholders felt that it was too early to tell whether DR has had a demonstrable impact on child safety in Colorado because the evaluation is still ongoing, the following are some considerations that stakeholders believe may improve or compromise child safety. It should be noted the QIC-DR will be studying child safety with results set to be released in 2013. There were some community stakeholders who believe DR has had a positive impact on child safety. Some have observed parents asking for more resources around safety concerns as well as observing an increased request for safety items which might keep children safe. According to one stakeholder, “The educational piece of intervening with the family earlier and in a much gentler way I think is much more productive, so I think parents learn more (about) how to keep their children safe.” Those who were optimistic about the impact of DR on child safety were hopeful that early intervention would decrease child protective issues and that DR would promote safety by helping children and families getting the help they needed upfront.

Some community stakeholders expressed initial concerns about child safety, as they are unsure whether families will follow through with accessing agency services because of the voluntary nature of the FAR track. There also is a perception that workers believe they are not doing their jobs if they “couldn’t work voluntarily with the family.” This makes some community stakeholders apprehensive about whether children may be put at risk as a result. Some law

enforcement personnel reported that they sometimes feel a “push from caseworkers not to take kids into protective custody because they prefer to take them in voluntarily.” Furthermore, some law enforcement personnel are concerned about “accountability” issues under DR. Lastly, a difference in understanding how safety in the home is articulated between DHS and youth probation has caused some disconnect between them.

## **7. Opportunities for Improvement – Implementation**

Community stakeholders, supervisors, and caseworkers identified numerous opportunities for improvement in the implementation of DR in Colorado. Community stakeholders offered the following recommendations for increased community outreach and education:

### **7.1. Community Outreach/Education**

- a. Continue conversations with community partners and stakeholders regarding DR, especially schools and the District Attorney’s Office
- b. Provide ongoing outreach because of staff-turnover and new players who need to be kept informed about the project
- c. Provide continuing education to community treatment providers about available resources and services
- d. Implement peer-to-peer education that utilizes parents who have been through the DR process
- e. Offer more information to mental health centers around alternative resources for families to lessen reliance on DHS as a service provider
- f. Develop promotional materials and conduct in-service trainings to help stakeholders disseminate information about DR
- g. Provide more general follow-up regarding the outcome of a case to community partners and stakeholders
- h. Improve orientation and information sharing with surrounding counties so that any jurisdictional transfers go more smoothly

Supervisors offered the following opportunities for improvement for caseworker assignment issues:

## **7.2. Caseworker Assignment**

- a. Match caseworkers with the approach they are most comfortable with
- b. Allow caseworkers to specialize for specific case types (e.g., domestic violence, substance abuse) to provide for a more seamless system

Caseworkers offered the following opportunities for improvement of DR trainings including logistics, participants, modality, and content:

## **7.3. Training Logistics**

- a. Provide follow-up trainings and ongoing guidance
- b. Give more consideration for the timing and spacing of trainings
- c. Hold trainings in smaller DR counties
- d. Offer option to attend trainings remotely
- e. Provide earlier notification of the availability of state-level coaches

## **7.4. Training Participants**

- a. Offer more training for supervisors to better support caseworkers
- b. Have supervisors accompany caseworkers on FAR cases
- c. Increase training to community stakeholders about the similarities and differences between IR and FAR practice
- d. Facilitate more DR trainings for mandated reporters

## **7.5. Training Modality**

- a. Have trainers on-site during the first few weeks of implementation to offer guidance and answer questions for caseworkers
- b. Have new FAR caseworkers shadow experienced FAR caseworkers, as role playing is not a sufficient substitute for shadowing
- c. Offer more “hands on modeling” because case consultation alone is less beneficial
- d. Utilize more case examples

## **7.6. Training Content**

- a. Make more of a distinction between the two tracks by utilizing the same case example to illustrate what that case would look like for FAR and IR

- b. Give everyone the opportunity to observe a FAR case “from start to finish to learn what it means and how it’s different”
- c. Have more discussion about what ongoing FAR work looks like with families
- d. Provide more guidance for cases where there is not a safety concern but caseworkers are still uncomfortable with closing the case
- e. Include engagement techniques to be used with the family as a group/system
- f. Include more examples of good documentation (e.g., service plans) and FAR casework practice (e.g., video role modeling)
- g. Allow more time to practice documentation tools (e.g., Three Houses)

## **8. Fidelity to the DR Model**

Fidelity to the DR model was assessed relative to screening, FAR eligibility, random assignment, assessment, services, case closure, and re-referrals. The DR fidelity matrix is included in Appendix I.

### ***8.1. Enhanced Screening***

In Colorado, the screening decision is determined on a county-by-county basis, but is based on definitions in State statute. A screening and referral workgroup comprised of screeners, supervisors, and State child welfare division staff was established to develop a comprehensive referral Screening Guide and Agency Response Guide. The Screening Guide (see Appendix J) was built off an Olmsted County, Minnesota screening tool, and emphasizes identifying family supports and strengths to assist workers in balanced decision making and in engaging families. To facilitate and prompt use of the Screening Guide, hotline workers developed a system using a flip chart at each screening station to guide eliciting safety concerns, presenting danger/harm, and family strengths. Referrals are then forwarded to RED teams, who follow a process of visually outlining each referral to compare the danger/harm, complicating and risk factors, family strengths, and history. Finally, RED teams engage in a specific decision-making process, which is outlined in the Agency Response Guide.

### ***8.2. FAR Eligibility***

FAR eligibility is described in terms of the eligibility determination, consistency, problems with existing criteria, and impact on initial screening process.

### **8.2.1. Eligibility determination**

County supervisors reported that RED teams use the Agency Response Guide, the RED Team Framework (see Appendix K), as well as case presentations during RED team meetings, to help determine whether intake referrals are eligible for FAR. A family's history is considered in determining eligibility including families' previous level of engagement/cooperation with DHS, families' history with the police, criminal and civil involvements, dissolution of marriage, restraining orders, custody orders, as well as patterns of behavior within families. Consideration of a family's history also provides caseworkers with some discretion in determining FAR eligibility. Supervisors indicated that assignments were ultimately based on the decision of the RED team. Caseworkers and screeners reported that, although there is some discretion, the eligibility guidelines are pretty clear cut. This perception highlights a possible need to revisit eligibility criteria prior to ending the RCT.

### **8.2.2. Consistency**

Supervisors felt that posting eligibility guidelines in work rooms helped to improve consistency in eligibility determinations. However, variability in decision making was cited as having an impact on achieving consistency relative to determining case eligibility. Challenges resulting from inconsistencies in professional decision-making appeared to stem from the dynamic of interdisciplinary teams. Screeners and supervisors noted that each child welfare practitioner brings differing personal/professional opinions to the decision-making process. For example, some focus group participants noted that the perspective of intake workers is different from ongoing workers. They noted that ongoing workers often assign more next steps for screeners to attain additional information in order to feel more comfortable making eligibility decisions. However, supervisors underscored that RED teams were becoming more inclusive of other people's opinions and that they generally achieved relatively consistent outcomes across groups.

### **8.2.3. Concerns with existing criteria**

Although caseworkers perceive that the existing criteria for FAR eligibility is appropriate, others believe that there are some problems with existing criteria, in that cases are being assigned that should not be. As displayed in Table 4, these include cases with domestic violence, cases in which DHS has extensive history with the family (e.g., chronic patterns of behavior over time), cases with long-term chronic substance use for both parents (e.g., family member requires inpatient substance abuse treatment), cases with a prior removal from the

home, cases involving marijuana distribution/selling/growing in the home, and cases involving harder drugs, particularly for both parents.

Table 4  
*Concerns with Existing Eligibility Criteria in Colorado*

Types of Cases Being Assigned as FAR-Eligible that are of Concern	Types of Cases Not Eligible for FAR that should Be Assigned as FAR-Eligible
Domestic Violence Cases	Domestic Violence Cases
Cases in which DHS has extensive history with the family	Cases with extensive social service history
Cases involving marijuana distribution, selling, and/or growing from the home	Cases that involve medical use of marijuana
Cases involving hard core drugs (e.g., methamphetamine, crack, cocaine)	More serious substance use cases (e.g., alcohol, methamphetamine, heroin)
Cases with long-term chronic substance use, particularly for both parents	Cases where there are marks and bruises and parents use physical discipline
Cases with a prior removal from the home	Cases requiring an immediate response
	Cases with sexual abuse among siblings
	Cases with an adoption subsidy
	Cases in which the perpetrator of sexual abuse, does not live in the home
	Program Area 4 Cases

Caseworkers also believe that there are many types of cases that do not meet current criteria that should be considered FAR eligible. As displayed in Table 4, these include cases with domestic violence, cases with extensive social service history, cases that involve the medical use of marijuana, cases with more serious substance abuse, cases where there are marks and bruises resulting from physical discipline rather than physical violence, certain cases requiring an immediate response, cases in which there is sexual abuse among siblings, cases with an adoption subsidy, cases in which the perpetrator of sexual abuse does not live in the home, and cases in which children are beyond the control of parents or have a juvenile delinquency issue. It should be noted that some case types are present in both categories including cases with

domestic violence, extensive history, and substance abuse. In regard to domestic violence cases, one caseworker stated that when you have a very violent person in the home, “You feel like the investigative response gives you a little bit more authority with regards to the perpetrator.” However, other caseworkers believe that the FAR response could be empowering for victims and help make the process smoother.

#### **8.2.4. *Impact on initial screening process***

Screeners observed the primary change in the screening process as being the inclusion of added background questions focused on social supports, existing services, and prior concerns. Screeners noted that supervisors can now ask that they obtain additional information (“homework”) from parents and schools. However, some screeners perceive that schools are concerned about the new questions, and thus emphasize the importance of educating school personnel on the DR process. Screeners noted both strengths and challenges with obtaining additional information. The downside is that calls that used to take 5-10 minutes, can now take up to an hour, although the average is somewhere in the middle. The upside is that “getting a lot more information upfront [is] easier for RED team to make their determination,” and assists the screener with the initial decision of whether to screen in the referral or not.

### **8.3. *Random Assignment***

To assess the impact of random assignment on the project, focus group participants were asked about difficulties found and addressed, in addition to the effects of random assignment on caseworker workload.

#### **8.3.1. *Difficulties found and addressed***

Some caseworkers have expressed frustrations with having to use the randomizer to assign cases. One caseworker stated “There are things that come in that we feel really would be great FAR cases and then you put it through the randomizer and it makes it go investigative.” However, caseworkers have accepted the use of the randomizer for the study, and according to the ad hoc reports, there have been no problems with adherence to the protocols or assignment determinations.

#### **8.3.2. *Effects on caseworker workload***

To address perceptions of workload changes related to the randomizer, adjustments were made early on in some counties by using blocked randomization. This prevented a long

run of assignments to one track, so that there wouldn't be an imbalance in workload for a caseworker or team. When the randomizer is removed, it is anticipated that the workload concerns related to random assignment will lessen. However, some considerations for the counties after the end of the RCT is capacity issues for FAR cases, model drift, and the lack of evaluation focus on post-RCT cases.

#### **8.4. Assessment**

Caseworkers and supervisors were asked about the tools used for assessment, including the content, frequency, roles, responsibilities, and adequacy of the assessment process.

##### **8.4.1. Tools, content, frequency, roles, responsibilities**

Colorado employs the Colorado Assessment Continuum (CAC) in both the IR and FAR tracks. The CAC was implemented prior to differential response to guide decisions and work with families. The tools are the same in both tracks and are administered at the same points in involvement with the family. The assessments are designed to be completed by the caseworker based on conversations with the family and collateral sources. Prior to 30 days, the risk and safety assessments must be completed. If safety factors apply, safety planning is mandated, regardless of family choice to work with the agency. The risk assessment is also administered prior to 30 days. Risk factors include number of children, age of children, prior referrals, etc. An additional safety assessment must be completed anytime there is a significant change in family circumstance or if situations arise that might pose a new or renewed threat to child safety. A new safety assessment must be completed prior to supervisory approval for case closure on all FAR cases that are considered to be a case (opened over 60 days and/or receiving a service). Slight modifications to the tools included in the CAC were needed because of the implementation of FAR due to wording for prior "investigations" and "case" involvement.

In the CAC, the main assessment for services, the North Carolina Family Assessment Scale (NCFAS) is required at 60 days or at case opening, whichever comes first, for both FAR and IR cases. The instrument is designed to measure family status and progress on five domains. Results are designed to guide services delivery and service planning. The NCFAS also is mandatory at case closure when services are provided. The NCFAS required modification for FAR cases, as many workers were finding that cases were closing at 90 days or less, thus requiring the NCFAS assessment to measure a span of less than thirty days. As a result, Colorado Trails was adjusted to only require a closing NCFAS when the service span exceeded 60 days for both the FAR and IR track.

#### **8.4.2. Adequacy of the assessments**

Supervisors shared mixed responses regarding the adequacy of safety and risk assessments for FAR and IR cases. Those who felt that safety assessments were satisfactory mentioned that they helped to identify specific concerns to work on with a family, while providing a degree of objectivity in cases in which a caseworker was engaged with a family. Some supervisors also lauded the flexibility of the safety assessments, in that FAR caseworkers could always go back to the assessment to make sure that specific safety concerns were addressed if the caseworker ever got “stuck” or “off track” with a family. A few caseworkers believe that the risk assessment helps to guide the family interview and is effective in determining the risk of recurrence. One worker commented, “I feel like the risk statements that we’re developing with families are what are really guiding our practice,” while another added, “I think the risk assessment works really well to hone in...it guides our questioning too in our interview process.” Furthermore, when there are safety concerns, caseworkers’ report that the focus on support plans/safety plans has increased for both FAR and IR cases.

However, the majority of caseworkers do not believe the safety, risk, and NCFAS assessments are adequate in terms of case planning. The negative perceptions focused on utility of the assessment tools and the reality of what is going on for the family. Workers find that the safety assessment includes a lot of redundant information and that there are differences among workers in how it is completed. Several supervisors suggested that the safety plans were not user friendly, that the standards for meeting the need for a safety plan were too high, and that the standardization of the safety plans inhibited the critical thinking of caseworkers.

#### **8.5. Services**

Caseworkers and supervisors were asked about differences in the availability of services between the FAR and IR tracks, whether there was a difference in timeliness of service provision, and what service needs existed in their counties.

##### **8.5.1. Differences in availability of services**

Although the majority of supervisors and caseworkers did not report any differences in the availability of services between FAR and IR cases, they did perceive a disparity in the accessibility of funding to purchase services. According to one supervisor, “We would offer anything in FAR that we would offer in any other case.” One caseworker stated, “It doesn’t seem like there’s more services available from DR just you can probably connect quicker.”

Although funds are available for FAR and IR families equally, caseworkers perceive that FAR caseworkers have access to more financial resources than IR workers for the following reasons: (1) there is a funding source specific to the DR grant, (2) management is more open to providing financial assistance in FAR cases, (3) it is easier to access funding for FAR cases, and (4) FAR cases can get help through Medicaid, food stamps, TANF, and housing through a “contact person” working directly with FAR cases. An additional funding difference identified by caseworkers was related to an increased attempt to utilize community-based services before tapping into Core Services. This may have been a reaction to the talk about “front-loaded” services and the need to track FAR funds, which may be more closely analyzed in the cost study. Community stakeholders believe that FAR caseworkers are being more creative with resources and have more “leeway” with regards to what services to provide. One stakeholder stated that “It was nice to have (an) actual contact person for resources on an CPT team to increase community representation and to promote more networking opportunities.”

### **8.5.2. *Timeliness of services***

Post-assessment services are delivered differently in FAR and IR. The most striking difference is related to the service planning instrument. Given the family driven nature of FAR, the FAR services workgroup developed a new service plan to replace the traditional plan used in on-going cases. The Family Assessment Response Service Plan was developed to be used while sitting with a family in the field. It is intended to be open-ended and flexible for family needs. Some supervisors also indicated that FAR workers have become more educated around community resources. Furthermore, FAR workers are perceived to have more time to help connect families directly to community resources.

Several supervisors reported that services were received quicker in a FAR case due to the front loading of services. The majority of caseworkers replied that FAR caseworkers are able to access services more quickly in instances of county-provided services, court services, life skills, in-home services, and financial resources. For example, FAR cases can access Core Services from the point of assessment which means the services are accessed more quickly. By contrast, if an IR case is going to be a court case, then receipt of services can take longer than it might in a FAR case due to the process aspects. An IR caseworker added that it is frustrating because “investigations are [for] the high need families and I can’t get them services fast enough.”

### **8.5.3. Service needs**

Although some supervisors identified available services in their communities (e.g., early childhood services, public nursing programs, home-based services, and life skills coaches), the majority of caseworkers do not see adequate resources in the community to meet the needs of children and families. There were two primary reasons expressed for this extensive need. The first reason focused on the economy while the second reason focused on the utilization of available resources. One worker stated, “Because of the economy...there are more families in need, so there’s not enough to go around.” Comments from caseworkers about the utilization of resources included, “I think that there’s a lot of community resources that are not being utilized out there that people just don’t know about.”

Supervisors and caseworkers were quick to note the variety of services and resources that were inhibiting counties’ abilities to better serve children and families. The most frequently identified service needs across counties were as follows: (a) financial resources (e.g., rent, housing, food assistance, clothing assistance), (b) housing resources, (c) child care resources, (d) affordable substance abuse assessment and treatment (including relapse prevention services), (e) day care/early childhood prevention services, (f) transportation services, (g) domestic violence resources (e.g., community-based perpetrator services), (h) more easily accessible parenting groups (not traditional parenting classes), (i) mentoring programs, (j) therapeutic services (e.g., in-home therapy, consistent therapists), (k) respite care for those with children who have disabilities, (l) resources for fathers, and (m) mental health services (e.g. community mental health staff to accompany DHS staff on home visits). Other service needs included resources for the Spanish-speaking community, legal aid/consultation services, visitation services, life skills programs, and services for families with adolescents who are at-risk (including foster homes or group homes, mentoring programs, and shelters).

### **8.6. Case Closure**

Supervisors and caseworkers had varied perceptions on the lengths of FAR and IR cases (the actual length of cases will be analyzed for the final evaluation report). A number of caseworkers reported that FAR cases tend to be open longer than IR cases. Supervisors who indicated that FAR cases were open longer stated that workers have 60 days to complete a FAR assessment in contrast to IR assessments, which are traditionally open for 30 days. Supervisors reported that, in FAR cases, there is a “conscious attempt to front load services” in order to handle such cases within 60 days rather than having the case transferred to an ongoing case.” This ability to spend more time with a family in assessment services results in FAR caseworkers

having more time to see a family through the process of accessing services/resources. One caseworker observed that since the DR implementation, FAR cases sometimes remain open to “find reasons to add resources for families.”

One of the consequences noted by this extended timeframe for FAR workers is the difficulty in transitioning to a new worker. Some counties have chosen to do a transfer after 60 days to an ongoing FAR worker to assist in balancing caseloads. Workers found that “they [the family] have a lot more experience with their [original] worker and so it’s a little harder for them to let go” and have “a little bit harder time transitioning to the new caseworker.” Supervisors who reported that IR cases were open longer thought it might be related to the court process. In addition, if an IR case becomes an ongoing case, these cases are often open for a longer period of time. Other caseworkers and supervisors were not able to generalize which types of cases were open longer as they felt it depended on the individual characteristics of the family involved in the case. Again, this is an outcome that will be answered in the final evaluation report.

### **8.7. Re-Referral**

A re-referral is when a new referral comes in on a family after their assessment is closed and that referral meets criteria for agency response. Once it is determined that a re-referral has come in on a previously randomized family, it is passed on to the RED team. If a re-referral is received on a family that was randomized into the FAR track, then it stays in the FAR track, unless the RED team determines that the new report requires an investigation. If a re-referral is received on a family that was randomized into the IR track, then it must stay in the IR track. In an open IR case, a new referral prompts another investigation. In an open FAR case, instead of having a new caseworker investigate an additional referral, the referral gets incorporated into what’s already being done with regard to assessment. These new allegations are all tracked concurrently in Colorado Trails and a new safety assessment is conducted on the new allegation.

## **9. Opportunities for Improvement – Fidelity**

Caseworkers, supervisors and community stakeholders shared a diversity of opinions relative to opportunities for improvement for the fidelity of the DR model in Colorado. Specifically, suggestions for assessment and services were offered. It should be noted that recommendations for the improvement of SACWIS relative to DR implementation were offered and already addressed by the Data workgroup and Colorado Trails design team.

### **9.1. Assessment**

- a. Utilize a team approach to conducting FAR assessments (e.g., having two caseworkers versus only one caseworker meet with family at home)
- b. Include mental health screening in FAR assessment and ensure that caseworkers are trained adequately to screen for mental health issues
- c. Have more conversation about how to use the safety assessment as a tool in the field to determine child safety

### **9.2. Services**

- a. Develop more therapeutic services, intensive in-home services, intensive community services, bilingual services, transportation options, public housing options, after school programs, and recreational activities
- b. Provide families with the financial resources necessary to access early intervention services
- c. Allow services to be paid for without having to keep a family's case open
- d. Develop school contacts to enhance services for children.

## **10. Discussion**

The discussion section summarizes the key findings from the site visit report, identifies limitations with the evaluation of DR practice in Colorado, and offers recommendations for improving DR implementation and refining the DR model.

### **10.1. Summary**

As shared by participants from the site visit focus groups and structured interviews, the following reflections serve to summarize the project to date while looking to the future in regard to the sustainability and potential replication of differential response in Colorado.

The key successes of the initial implementation of DR were as follows:

- *Staff Selection* – The self-selection of caseworkers and the informal process for assigning caseworkers to either the FAR or IR tracks fostered increased satisfaction of caseworkers as their strengths and philosophical stance were better matched with their practice.

- *Coaching* – The state-level coaching relationship was perceived to be extremely supportive and empowering.
- *Supervision* – Group supervision was appreciated by caseworkers for the valuable insight provided by diverse perspectives and having decisions validated by peers.
- *Administrative Structure* – The RED teams were viewed very positively in terms of coming to consensus on eligibility decisions in an inclusive and dynamic way.
- *Community Relationships* – DHS staff believe that the DR project has resulted in more collaborative relationships with stakeholders, which has positive implications for serving children and families.
- *Anticipated Impact* – Community stakeholders believe that DR has potential benefits for families, caseworkers, and the child welfare system.

The key challenges of the initial implementation of DR were as follows:

- *Training* – The sequence and scope of training made it difficult to integrate and apply the knowledge gained during the myriad trainings, especially for IR caseworkers who were perceived to receive less practice specific training content.
- *Coaching* – The scheduling of coaching was problematic as it was difficult to match caseworker activity (e.g., initial visit with families) with coach availability. Again, IR caseworkers were perceived to receive fewer coaching opportunities.
- *Supervision* – The group supervision approach yielded questions regarding the supervisor role, especially as it relates to performance monitoring.
- *Caseload* – The perceived increase in caseload for FAR workers was partly attributed to inexperience with the family assessment response and uncertainty with the new documentation and assessment protocols.
- *Workload* – The perceived increase in workload for IR workers was partly attributed to the higher risk case mix and the assignment of re-tracked cases.
- *Community Awareness* – The lack of community awareness of the DR project and DR in general was due to the time limitations on pre-implementation imposed by the need to match cross-site timelines and the inability to engage certain stakeholder groups, such as CASAs and GALs.

The key successes for the fidelity of DR were as follows:

- *Screening* – The development of the Screening Guide and enhancements made to the information gathering at this decision point were very useful in the determination of FAR eligibility.
- *Eligibility* – The development of the Agency Response Guide and the adoption of RED teams resulted in sound eligibility decisions, which was evidenced by the low re-track rate as documented in the ad hoc reports.
- *Assignment* – The randomizer did not result in a measureable change in caseload and was adhered to by screeners and caseworkers further illustrating the commitment to the evaluation component of the project.
- *Assessment* – The development of new solution focused assessment strategies to increase family engagement in the FAR track spurred larger changes to practices in other child welfare domains.
- *Services* – More upfront services related to safety and risk concerns were provided to families in the FAR track in a more timely and creative way, which resulted in greater engagement and utilization of available resources and services.

The key challenges for the fidelity of DR are as follows:

- *Screening* – The downside of the new screening procedures was the resistance of some mandatory reporters regarding the increased time and information required to make a referral of child abuse or neglect.
- *Eligibility* – Caseworkers and supervisors are in the midst of an ongoing dialogue about what presenting issues in referrals should be eligible for FAR.
- *Random Assignment* – There was some frustration with the assignment process when cases perceived as perfect for FAR would be randomized into the IR track.
- *Assessment* – Existing formal assessment tools in the Colorado Assessment Continuum were thought to be inadequate and redundant, which caused frustration that diminished the applicability of the tools.
- *Services* – There is a big gap in available and accessible resources and services, which results in disparities in the provision and utilization across counties and tracks.

## **10.2. Limitations**

Several potential limitations for evaluating the effectiveness of DR from a process, outcome, and cost perspective emerged from the site visit reports. First, the counties in the

Colorado Consortium on Differential Response mutually agreed early on that DR implementation would be utilized to reform multiple parts of the child welfare systems in their counties. Thus, numerous programmatic, procedural, administrative, supervisory, and practice reforms happened in conjunction with the installation of two distinct tracks to respond to referrals of child abuse and neglect.

Second, regardless of assigned track, caseworkers try to engage with the family and always look for strengths and resources. Perhaps one of the emergent practice shifts for caseworkers is the diffusion of the DR treatment. In other words, IR workers noted that they like some of the techniques promoted by the implementation of solution focused strategies and Signs of Safety (e.g., Three Houses) and try to use these engagement techniques in IR.

Third, administrators cited difficulties with getting everyone trained and moving toward a philosophical shift, in addition to staying current with agency changes. Sustaining a fundamental underlying paradigm shift was seen as necessary, not just implementing a two-track system. As one administrator noted, “You may not get the outcomes under the DR banner if you’re not really committed to the philosophical shift or difference.”

As a result of these challenges, it may be somewhat difficult to isolate the relationship between the DR reform and outcomes. That being said, the rigor of the RCT will be useful in controlling for confounding variables (e.g., competing reforms), while the research design will allow for an estimation on how much the diffusion of treatment impacted the magnitude of differences between the two tracks. Lastly, caseworkers and supervisors are being asked about their philosophical stance toward DR, which will allow for subgroup analyses comparing case outcomes for workers at different points along the continuum of alignment with the principles of differential response.

### **10.3. Recommendations**

The following recommendations are based on the top takeaways from the Colorado Year 1 Site Visit report regarding the initial implementation of DR and fidelity to the DR model:

1. *Training* – Most supervisors had not previously practiced under a differential response approach and were inexperienced in many of the core components of the DR model. It is imperative that supervisors receive extensive training in the model to better support caseworkers and serve families. Furthermore, supervisors should periodically go out with caseworkers on initial visits to gain first-hand knowledge of the family assessment response.

2. *Coaching* – Although the state-level and external coaching was well received by FAR caseworkers, there were scheduling conflicts and perceptions that IR caseworkers were less likely to take advantage of the coaching opportunities. It is essential that all caseworkers are engaged in coaching and that their schedules and workloads are taken into consideration to maximize their participation. Additionally, the coaching should be done by individuals with expertise in child welfare to provide the most efficient and effective experience for caseworkers.
3. *Supervision* – Although group supervision was viewed positively by caseworkers and supervisors, there is a need for more consistency in how it is delivered and more efficiency in the time required, as there should be a balance between receiving feedback in a group setting and attending to caseload and individual performance requirements. Furthermore, there needs to be more clarity about the FAR supervisor role, which can be addressed in trainings or during group supervision.
4. *Workload* – Since IR caseworkers manage caseloads that include more high risk, high safety concern cases, there should be a concerted effort to provide these caseworkers with additional supports to alleviate some of the burden around such activities as court and facilitated family meetings. For example, supports are needed to address secondary traumatic stress associated with working emergency and high risk cases on a daily basis. This is especially important considering that, upon ending the RCT, the investigative response will be reserved primarily for high risk allegations and referrals.
5. *Organizational Support* – In comparison to other child welfare initiatives in Colorado, the perception of stakeholders is that there are fewer champions. Therefore, it is recommended that DHS staff at all levels be recruited to serve as DR ambassadors and advocates to facilitate the broad-based community and agency support required of such a practice change.
6. *Community Relationships* – To alleviate the tension that remains between GALs, CASAs and child welfare agencies regarding child safety within a DR approach, DHS staff should continue to reach out to these agencies and find common ground for engaging families and protecting children.
7. *FAR Eligibility* – To assure continued adherence to the DR practice components and prevent model drift, the eligibility criteria used to determine inclusion in the study should be maintained post-RCT with continued documentation of the reasons for cases not being eligible for FAR.

8. *Assessment* – Because of the ambivalence of caseworkers toward the safety, risk, and NCFAS assessments, further modifications are required to make the tools more appropriate for case planning and predicting future risk of abuse and neglect.
9. *SACWIS* – Although many enhancements and new functionalities were added to Colorado Trails as a result of the DR project, there is still a need to make the system more user-friendly and time efficient. For example, the use of the hybrid FAR case type was a good temporary solution but should be changed into a permanent assessment type if DR is adopted statewide.
10. *Services* – To keep up with the increasing demand for family-friendly services resulting from the adoption of FAR, the State and counties must redouble efforts to increase service capacity by identifying external service providers and enhancing internal service offerings.

A primary concern at the State is sustaining this initiative beyond the life of the grant and planning for possible replication of DR in other counties across Colorado. Although the planning for sustainability has begun in earnest, there is clearly a need to articulate the process and make sure all stakeholders are engaged and are on the same page. Specific recommendations include focusing on caseworker retention to allow for consistency in DR practice and addressing external influences that may impact fidelity to the model without the support and oversight of the QIC-DR.

In summary, there is excitement about the benefits of DR, as well as concerns about its challenges. Positive regard for DR was reflected in how this change in philosophy and practice is expected to impact families down the road, increase the skills of workers, and allow for greater alignment between the expressed values of child welfare practitioners and actual practice – “walking the talk.” Bringing new workers on board with the message that “this is how we do business, and this is how we treat families, and this is how we engage our families” is seen as a real and lasting benefit. In addition, there is great appreciation for the collaboration between the State and the DR counties, in that no one has been left out of the decision making process and everyone has had input into the design and implementation of differential response in Colorado. Finally, the DR initiative may ultimately provide an opportunity to redefine the reputation of child welfare in the eyes of parents, practitioners, policymakers, and the public.