

Differential Response System



Family Assessment Response

Reason for Implementation of DRS in CT

- ❑ Traditional Investigations are not effective in engaging families where neglect is an identified issue.
- ❑ Research indicates a key predictor of future child maltreatment is a previous referral to a child welfare agency.
- ❑ Less than 20% of the investigations conducted by DCF involve families with no prior history.

Reason for Implementation of DRS in CT

- In CT, and nationally, the primary allegation of families being referred to DCF is neglect, not abuse.
- In SFY 2011, only 12.24 % of reported allegations involved abuse only.
- The remainder of allegations involved forms of neglect including physical, emotional, medical, and educational neglect – often correlated with issues surrounding poverty.

DRS Implementation – Why?

- ❑ Core strategy to move to a more family-centered practice
- ❑ Affords DCF the opportunity to customize its response to accepted Child Protective Services (CPS) reports that will:
 - Ensure child safety
 - Promote child and family well-being
 - Better meet the needs of families
- ❑ Decrease rate of repeat maltreatment
- ❑ Reduce likelihood of families being re-referred to DCF
- ❑ Reduce the number of children entering care

Connecticut's Differential Response System

In Connecticut, the Department has two distinct tracks to an accepted CPS report

- ❑ Family Assessment Response (lower risk reports)
- ❑ Investigations (higher level of risk, forensic in nature)

Family Assessment Response (FAR)

Eligibility

- Accepted CPS Report – meets statutory definition of abuse/neglect
- 72 hour Response Time (lowest risk response time available)
- 15 Rule Out Criteria to determine track: FAR or an Investigations approach
- Track can be changed from FAR to Investigations based on risk/safety concerns

Family Assessment Response

- ❑ Use of Structured Decision Making (SDM) to help inform critical decisions throughout the life of a case
 - SDM Screening Tool: Does the report meet the statutory definition of abuse/neglect?
 - SDM Response Priority: Informs decision when face-to-face contact with the family should be made
 - SDM Safety Assessment: Informs removal decision –is the child safe in the home?
 - SDM Risk Assessment: Informs decision to open/close the case based on likelihood of future maltreatment
- ❑ Assessment of the family's Protective Factors to help identify strengths and needs (includes the family's perspective)
- ❑ Includes Family Team Meetings
- ❑ No formal determination –no victim or perpetrator identified– no finding
- ❑ Assess level of need and family's willingness to engage in services
- ❑ Assist families to connect with needed resources/services

Community Support for Families

Region 1

Child and Family Guidance Center

Region 2

Communicare
Clifford Beers

Region 3

Community Health Resources

Region 4

Wheeler Clinic
The Village for Families and Children

Region 5

Wellmore Behavioral Health

Region 6

Wheeler Clinic

Community Support for Families (CSF)

- ❑ A voluntary, family-driven program designed to assist the family in building and strengthening natural and community support systems
- ❑ Utilizes the wraparound process as a tool for empowering and encouraging families to identify their needs and take the lead role in developing their plan of care
- ❑ Facilitates linkages and connections for families in the community to needed supports. Provides limited direct services (parenting education)
- ❑ Provides individualized case management that builds upon family strengths
- ❑ Access to funding to help families meet basic, concrete needs
- ❑ Performance Improvement Center - UCONN School of Social Work to evaluate outcomes

CSF Staffing Model

□ Community Support Workers

- conduct Family Team Meetings
- provide care coordination services
- help the family develop their plan of care
- refer the family to needed resources/services in their community

□ Parent Navigators

- assigned based on complexity of need
- mentor, advocate, and empower the family

CSF Program

- ❑ Families must be willing to engage in services and meet eligibility criteria
- ❑ DCF closes case once referral is made to the program. No case specific information is shared regarding family's progress or outcome of program
- ❑ Each Community Support Worker maintains a maximum of 12 cases
- ❑ Involvement ranges from 30 days up to 6 months based on family's level of need. The length of intervention is developed collaboratively with the family
- ❑ Each Office has an assigned Gatekeeper and regional liaison
- ❑ Program staff contact family within 3 days of referral
- ❑ Family Transition Meeting held with DCF and Provider to exchange information and identify unmet family needs
- ❑ Family Team Meetings held within 30 days of referral and as needed based on family circumstance, need, and preference
- ❑ Frequency of contact is directed by the family. Ongoing contact with family by provider is expected

Core Components

- ❑ Builds a network of local community supports and resources for families by connecting families to concrete, traditional and non-traditional resources and services in their own community
- ❑ Strong collaboration between DCF and Community Partner Agency (CSF)
- ❑ Use of Family Team Meetings to bring the family and their supports together
- ❑ Strengthening Family Protective Factors
- ❑ Ongoing assessment of family needs
- ❑ Assists the family in developing solutions that mitigate safety concerns, reduce risk, and meet the needs of their family
- ❑ Program promotes independence and facilitates permanent connections for families on an ongoing basis or in times of need
- ❑ Family Satisfaction Survey completed to help evaluate outcomes

□ What We've Learned So Far

FAR -How Much?

- ▣ Since implementation, DCF has completed the following FAR cases:

- 2012: 6,755
- 2013: 10,665
- 2014: 4,594 (January-May)

- ▣ Track Determination

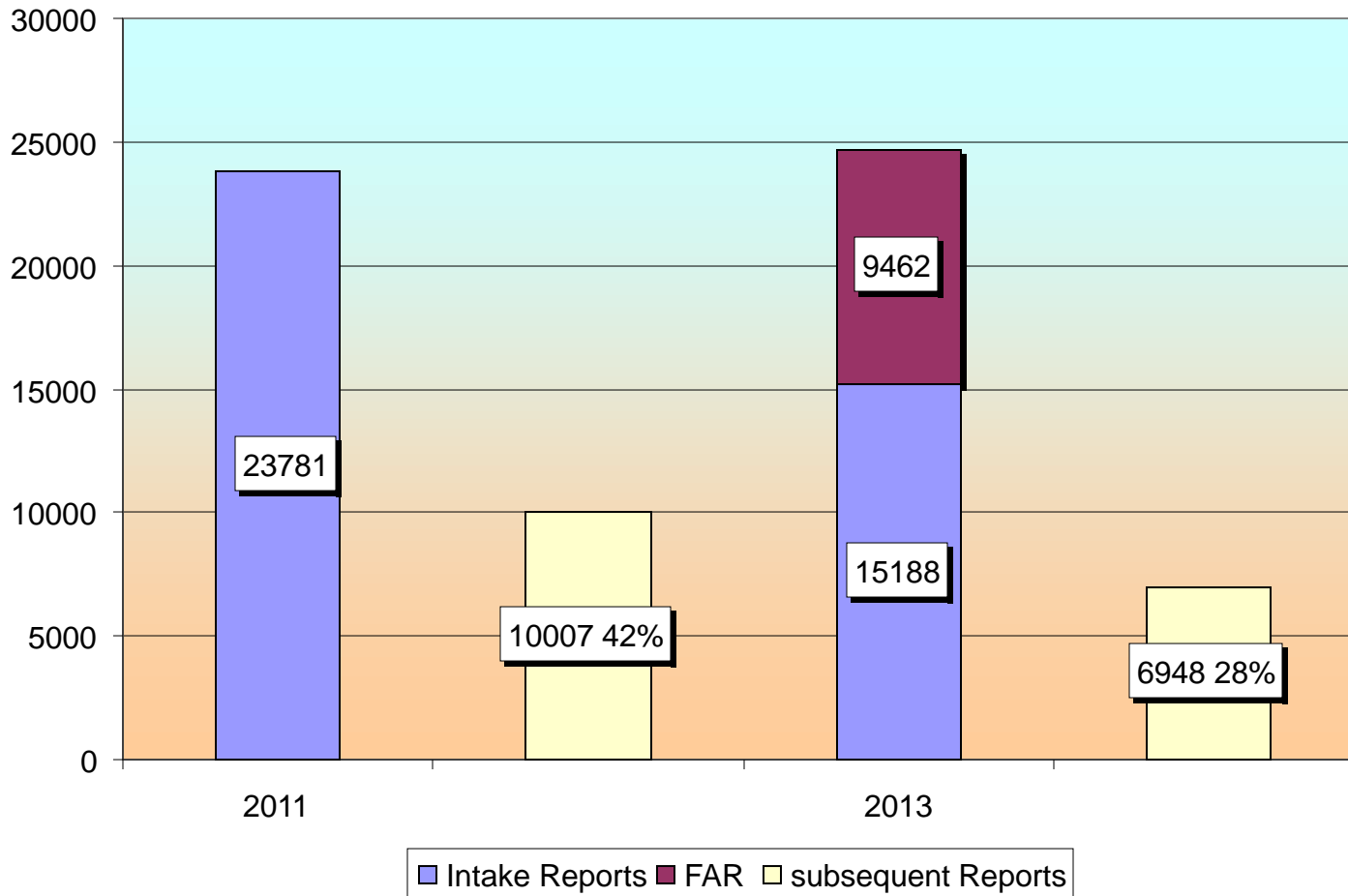
38-40% of reports accepted by the Careline are designated as FAR

FAR – How Well?

- Since implementation, 5-7% of FAR cases have been transferred to investigations due to safety concerns following face-to-face contact
- Since implementation only 2% of families were transferred to DCF ongoing services following completion of a FAR versus 17% transferred to DCF ongoing services following completion of an investigation in 2011

FAR – Is Anyone Better Off?

DRS Impact



Actions to Turn the Curve - FAR

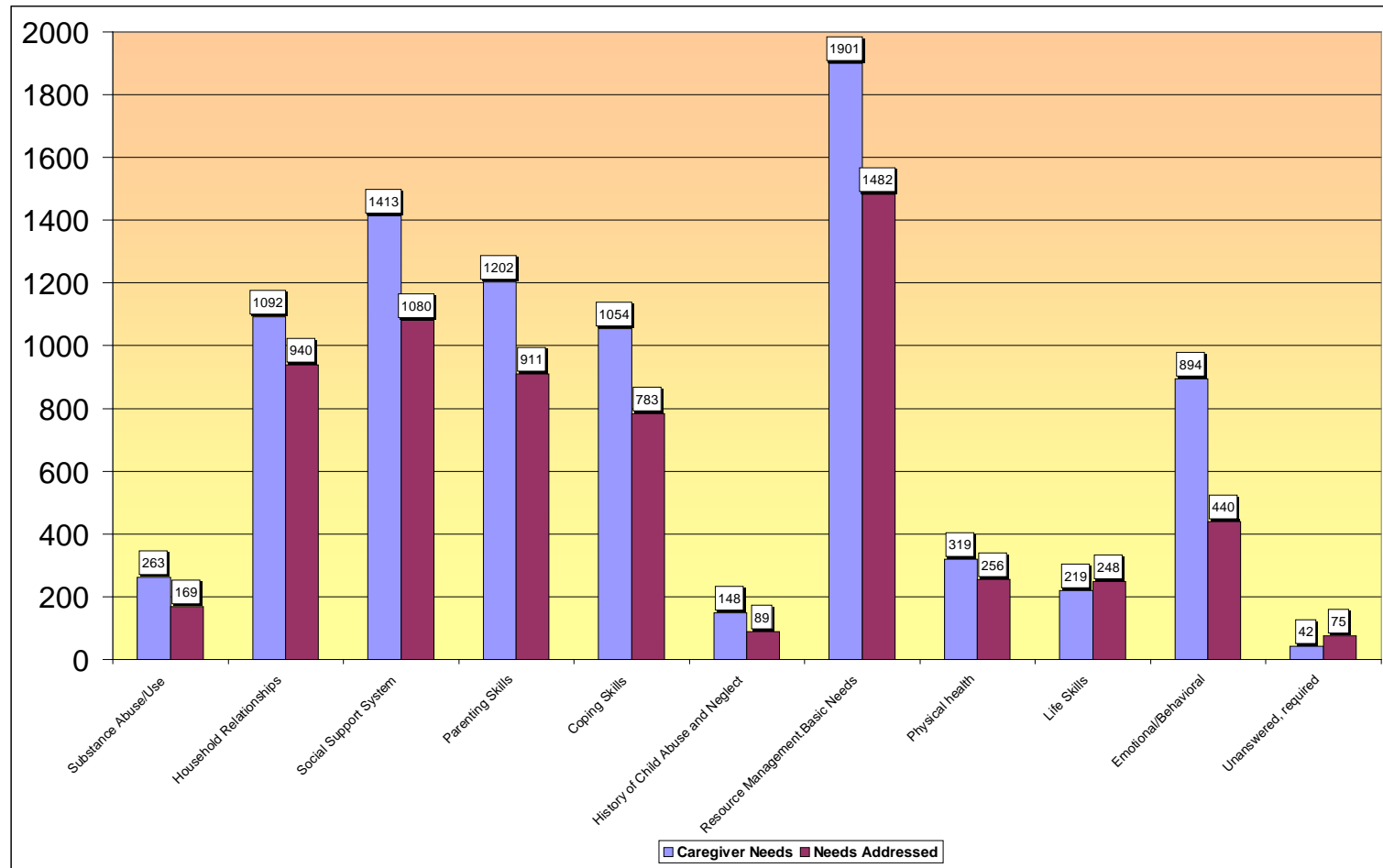
- Revised FAR Policy and Practice Guide based on findings of a FAR Case Review to address variations in case practice and areas in policy needing further clarification
 - Developed a standardized documentation practice
 - Enhance outreach efforts to fathers and paternal relatives
 - Reduce Rule Out Criteria from 15 to 5
 - Track Determination is now based on an assessment of the family by Area Office staff rather than presenting allegations at time of call to the Careline
 - Clarified policy regarding required case and collateral contacts, supervision, commencement, frequency of contact with families, and timeframes for completion of work.

CSF Program – How Much?

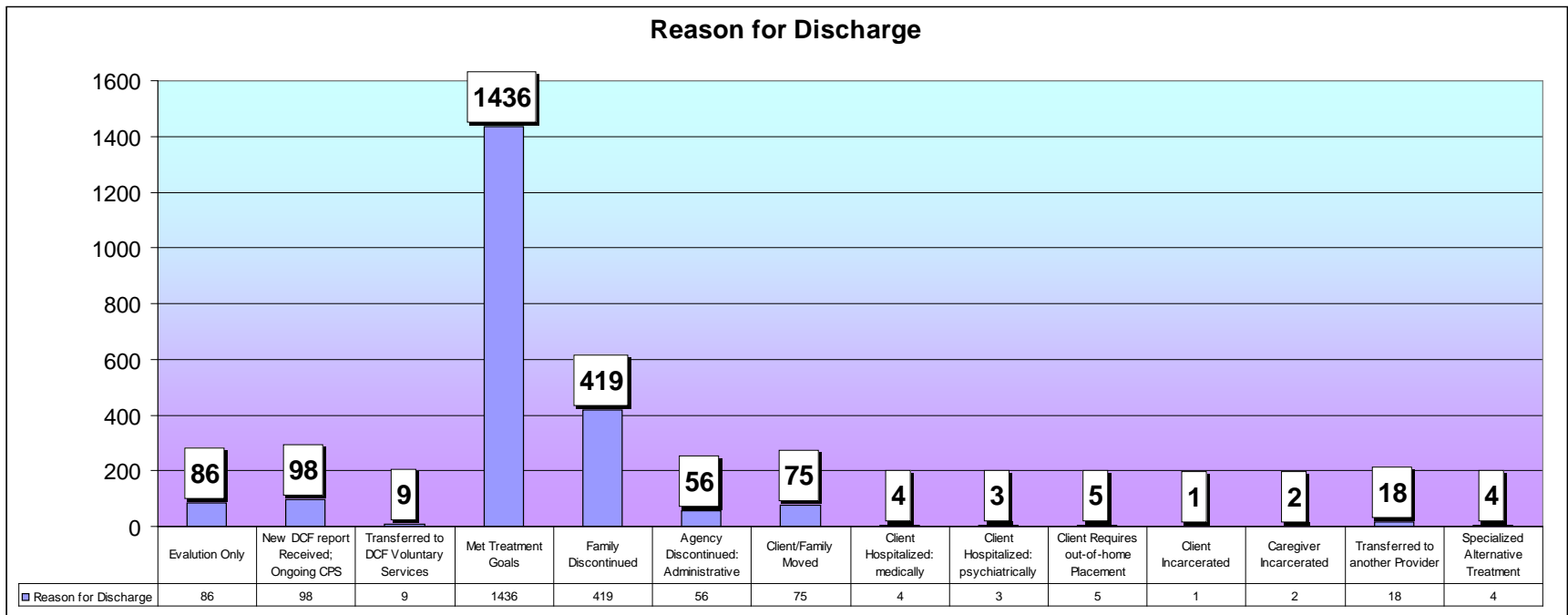
- ▣ Served 2,641 families since implementation in April 2012
- ▣ Provided services to 5,174 children
- ▣ 87.4% of the families referred to the program accepted services following DCF referral

CSF – How Well?

Caregiver Needs Addressed



CSF – Is Anyone Better Off? – Reason for Discharge – Met Treatment Goals



Actions to Turn the Curve - CSF

- ❑ Modifying the Scope of Service to add NCFAS-G (evidence-based tool) to enhance identification of strengths and needs of families to help inform service delivery
- ❑ Refining CSF Performance Measures designed to measure level of engagement, community connections, family satisfaction, and improvement in the problems the family sought help for

Data Development Agenda

- ❑ Review and refine existing report designed to capture subsequent reports and repeat maltreatment by Area Office/Region
- ❑ Add timeframes for Subsequent Reports to assess impact of FAR practice over time
- ❑ Develop a tool to monitor Track Changes to an Investigation by the Area Office to better understand reasons for the track change– modify policy/practice as needed
- ❑ Develop capability to determine whether the family received the services to which they were referred– this will also help identify service gaps throughout the state
- ❑ Develop a report that will capture the # and % of families who experience multiple accepted CPS reports following their initial FAR experience. Report will also include the family's prior history

Questions

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