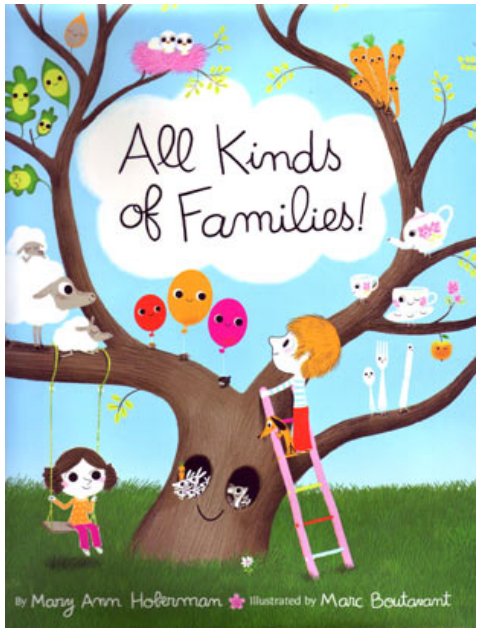
Connecticut BHP
Supporting Health and Recovery

BHP Oversight Council
State Agency Report

January 11, 2012

The DCF Practice Model/Differential Response System



Strengthening Families

March 30, 2011

AREAS NEEDING IMPROVEMENT

Consistent Findings

1. Federal/Child and Family Service Reviews
2. State/CT Comprehensive Outcome Review
3. Juan F. Court Monitor Reviews
4. Feedback from constituents

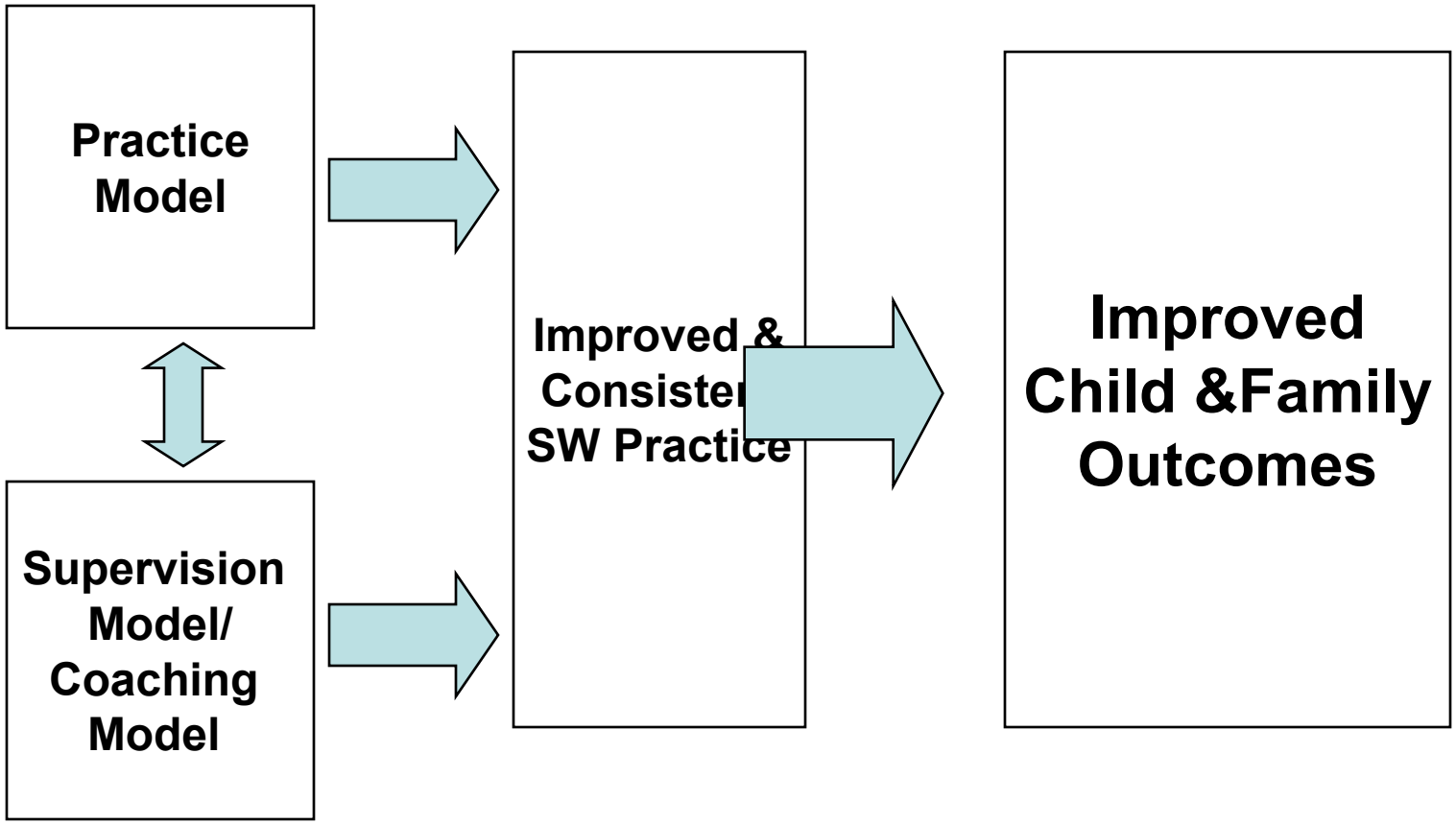
What's missing: Consistent effective engagement across offices, quality of work, and supervision

Outcomes are dependent on who your social worker is and who your supervisor is

The Solution

- Focus practice on Family Engagement (Practice Model)
- Implement Differential Response System (DRS)
- Improve supervision to improve and bring consistency to social work case practice

Achieving Results



Outcomes

- Children are cared for by families who can meet their physical and mental health, behavioral and educational needs
- Children are safely maintained in their families and communities preserving cultural and familial connections
- Families who encounter CT's Child Welfare system will experience an improvement in their parental capacities and the lives of their children

The Six Principles of Partnership- A new perspective on Child Welfare

1. Everyone desires respect
2. Everyone needs to be heard
3. Everyone has strengths
4. Judgments can wait
5. Partners share power
6. Partnership is a process

Family Engagement

What we expect to see in case practice:

- Respect and working with families as partners
- Family Conferencing / Child & Family Teams
- A focus on the social worker “helping” relationship to the family
- Identify, locate and engage parents, especially non-custodial parents
- Engaging extended family, kin & natural supports
- Identification of adults important to children
- Families taking lead role in development of their case plans

Comprehensive Family Assessment

What we expect to see in case practice:

- **Input of family and service providers**
- **Use of Genograms to understand family relationships**
- **Documented statement of how individual assessments fit together and inform the development of the case plan**
- **Integration of all available family history; strengths and needs**
- **Consistent quality supervision to develop comprehensive family assessments**

Purposeful Visitation

What we expect to see in case practice:

- **Announced visitations to extent permitted by circumstances of the case**
- **Discussion points for each visit should be planned in advance**
- **Visits include discussions of case plan goals, services, assessments of well being and safety/risk, opportunity for family feedback, etc.**
- **All children and household members are engaged – time for each child to be seen individually**
- **Fathers/non-custodial parents actively involved in the visits**
- **Visitation is a process, not an event**

Supervision and Management

New Focus on the goal of supervision and management

- Improve and promote effective family engagement practice
- Use of reflective supervision
- Use of supervision coaches over the next eighteen months
- Use of group supervision

Differential Response System

Differential Response is a change in the way DCF responds to, works with and supports families to ensure the safety and well-being of Connecticut's children.

What we expect to see in case practice:

- A move from a single response system to a dual response system both with emphasis on safety and risk
- Emphasis on engaging families as partners in assessing strengths and needs
- A *Family Assessment Response* that is applied in low risk cases
- No formal determination of substantiated child abuse or neglect
- After assuring safety, services are accepted at the family's discretion

Differential Response

Driven by the desire to:

- be more flexible in the response to child abuse and neglect reports;
- recognize that an adversarial focus is neither needed nor helpful in all cases;
- better understand the family issues that lie beneath maltreatment reports;
- engage parents more effectively to use services that address their specific needs; and
- increase sharing responsibility and accountability for families and communities.

Pervasiveness of Neglect in Child Welfare Cases

- In Connecticut, and nationally, most reports involve neglect – *not abuse*.
- Only 14.3 percent of reported allegations in Connecticut in SFY10 involved abuse.
- The remainder involve forms of neglect, including physical, emotional, medical, and educational neglect – and they are correlated highly with issues surrounding poverty.

Why DRS?

- Research indicates that traditional investigations are not as effective in engaging families where neglect is the identified issue.
- In Connecticut, 80 percent of families investigated for abuse/neglect have been previously investigated.
- Current research shows that the principle risk factor for future child maltreatment is previously coming to the attention of a child welfare agency.
- DRS offers an alternative in cases involving low-risk families and neglect that does not entail the forensic approach appropriate in serious abuse cases.

Who is eligible?

For those accepted reports that:

- are given a 72-hour response time;
- are low risk or moderate risk; and
- do not have any one of the 15 exceptional circumstances, including:
  - Critical incident reports
  - Child fatality involved
  - Hospital or police custody involved
  - Child abandoned
  - Sexual abuse
  - Previous adjudication
  - Caregiver incapacitated
  - Child left alone
  - Newborn or mother testing positive for drugs
  - Open CPS case
  - Two or more substantiations in previous 12 months

Internal analysis suggests that approximately 42 percent of accepted reports will go to the Family Assessment Track.

Traditional CPS Investigation

- Response involves gathering evidence and making formal determination of substantiated child abuse and neglect.
- Forensic in nature, and generally used for reports of the most severe types of maltreatment or those that are potentially criminal.
- Can be intrusive, adversarial, does not address underlying issues of frequently encountered families.

Family Assessment Response

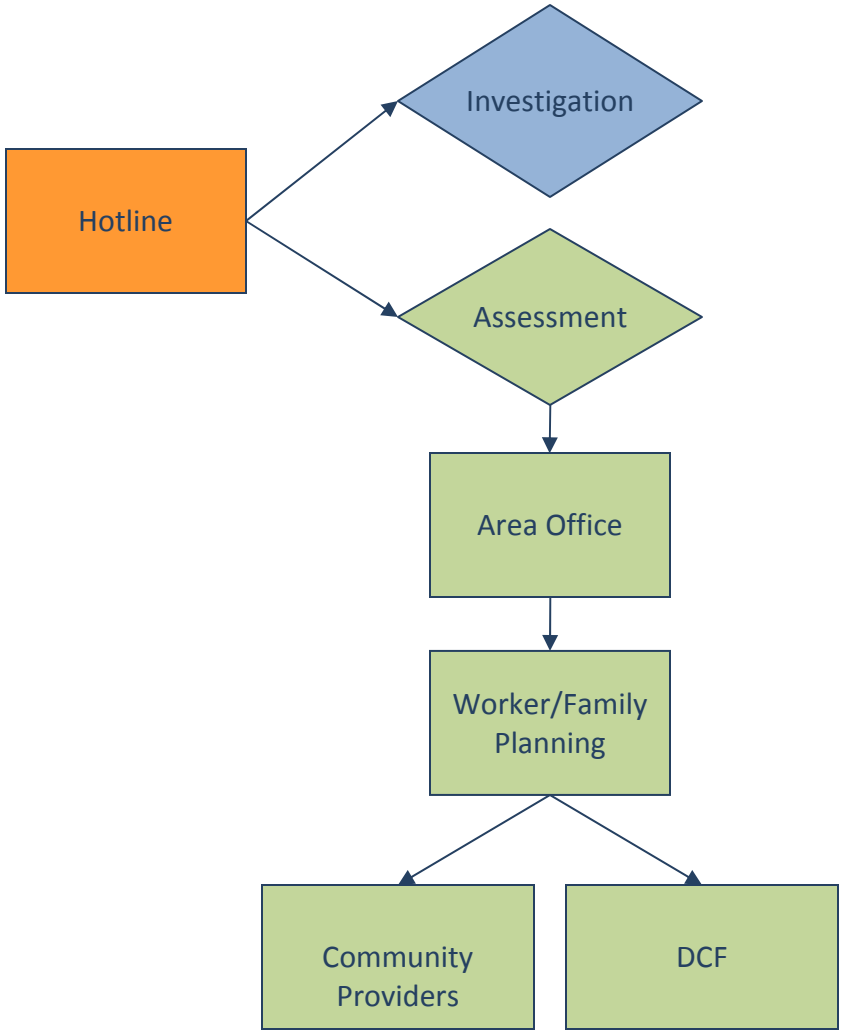
- Applied in low/moderate-risk cases
- Announced Visits
- Involves engaging the families as partners assessing the family's strengths and needs.
- Offering services to meet the family's needs at the family's discretion.
- No formal determination of substantiated child abuse and neglect.

Shared Principles of Traditional Investigations and Family Assessment

- Focus on safety and well-being of the child.
- Promote permanency within the family through engaging kin and community supports.
- Recognize the authority of DCF
- Acknowledge that other community services may be more appropriate than CPS in some cases.

How does it work?

- Report accepted at Hotline
- Assigned to Investigation or Assessment track
- Hotline sends report to Area Office
- With Assessment track, Worker contacts family to schedule first face-to-face
- Family planning, support networks, community involvement



Joint Implementation- Region I and Region III

- Statewide Practice Model Kick-off May 2010
- Partners in Change Training
- Creation of Statewide Steering Committee for Practice Model and DRS
- Casey Family Services conducted statewide community readiness planning process resulting in five regionally specific reports and statewide executive report
- Building Managerial Capacity work with focus on organization change funded by Casey Family Services
- Estimated DRS projected caseload
- Draft RFP in progress for community service delivery model
- Technical assistance from Northeast and Caribbean Implementation Center (NCIC)
- Participation in DRS – Community Readiness- Casey Family Services
- Active Head Start partnerships
- Engaging Fathers Training/Initiative

Current Implementation –Practice Model

Practice Model

- Region 1 & 3 Focus groups
- Peer Technical assistance (Casey)
- Facilitated dialogues/staff engagement
- Presentations to Region 1 Regional Advisory Council
- Presentation to three Area Advisory Councils
- Announced visit protocol developed
- Expectations of managers and supervisors to model to partnership principles and training reinforcement
- Wrap Around Project – System of Care –Bridgeport office
- Connect the Dots" training
- Evaluation Team – The Consultation Center

Implementation-DRS

- Pilot 2004
- Technical assistance: Casey Family Services (CFS) sponsored travel to Minnesota
- Statewide and local implementation teams have been meeting for last 6 months
- Facilitated dialogues on DRS' connection to PM
- Communication plan developed in partnership with CFS
- Messaging session with the Hatcher Group, Inc. funded by CFS
- Meetings with providers to refine service delivery model recommended via the community readiness planning group
- Family assessment staff identified in some regions
- Exploring grant opportunity in partnership with UCONN for evaluation funding
- Planning is ongoing for a statewide implementation

Rate Meld Project

Updates as of January 11, 2012

Rate Meld Project

On December 14, 2011, the BHOC approved the Departments' rates with the following seven (7) conditions:

1. Continue to consider a per diem rate methodology for adult inpatient psychiatric
2. Share child inpatient psychiatric rates
3. Reduce adverse impact on hospitals for intermediate levels of care
4. Explain how Departments are going to fund the expansion of the hospital ECCs for adults
5. Reduce adverse impact on clinics
6. Report to the Council on impact of rates on independent practitioners
7. Submit provider performance initiative plans to Council prior to implementation

Updates

1. DMHAS and DSS are working on the analysis of the per diem rate methodology. The Departments will need more time to develop this analysis. The Departments will provide an update on the per diem analysis to the Council in April 2012.

Update Cont.

2. Child inpatient psychiatric proposed rates have been completed and are under final review at DSS.

3. Hospital intermediate levels of care: the Council's recommendation is still under review by the Departments.

Updates Cont.

4. Hospital ECC expansion: the Departments plan to use approximately $185,000 of the $1,300,000 annual provider performance pool in order to expand hospital ECC to the HUSKY C and HUSKY D adult population.

Updates Cont.

5. Clinics: the Council's recommendation is still under review by the Departments.

Updates Cont.

6. Independent Practitioners: the Departments will review the impact to the system and if there is any dis-enrollment by independent practitioners. The Departments will be prepared to report on network activity in April 2012.
7. The Departments will share the provider performance initiatives with the Council prior to implementation.

Questions?