

CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES'

FAMILY ASSESSMENT RESPONSE

ANNUAL STATUS REPORT TO THE COMMITTEE ON CHILDREN
OF THE CONNECTICUT GENERAL ASSEMBLY

Prepared by:
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July 1, 2017



Data Definitions and Notes

FAR Data:

- LINK/PIE data extract through 12/31/2016
- Including only FAR/CSF families, their prior and subsequent reports
- Multi-level data structure:
 - Allegations/victims/perpetrators within reports; reports within protocol; protocol (DRSID) within family.
 - A report could have several allegations, victims, and perpetrators.
 - A protocol could have several reports.
 - A family could have several protocols.

FAR case counts:

- Total FAR reports accepted in CY 2016: 13,099
 - After data quality validation process, accepted FAR reports in CY 2016 used in analyses : N=13,064*
 - FAR Protocols (i.e. combined reports under a single DRSID) accepted in CY 2016: N=11,650**
- 10,842 families (unduplicated)with FAR reports accepted in 2016

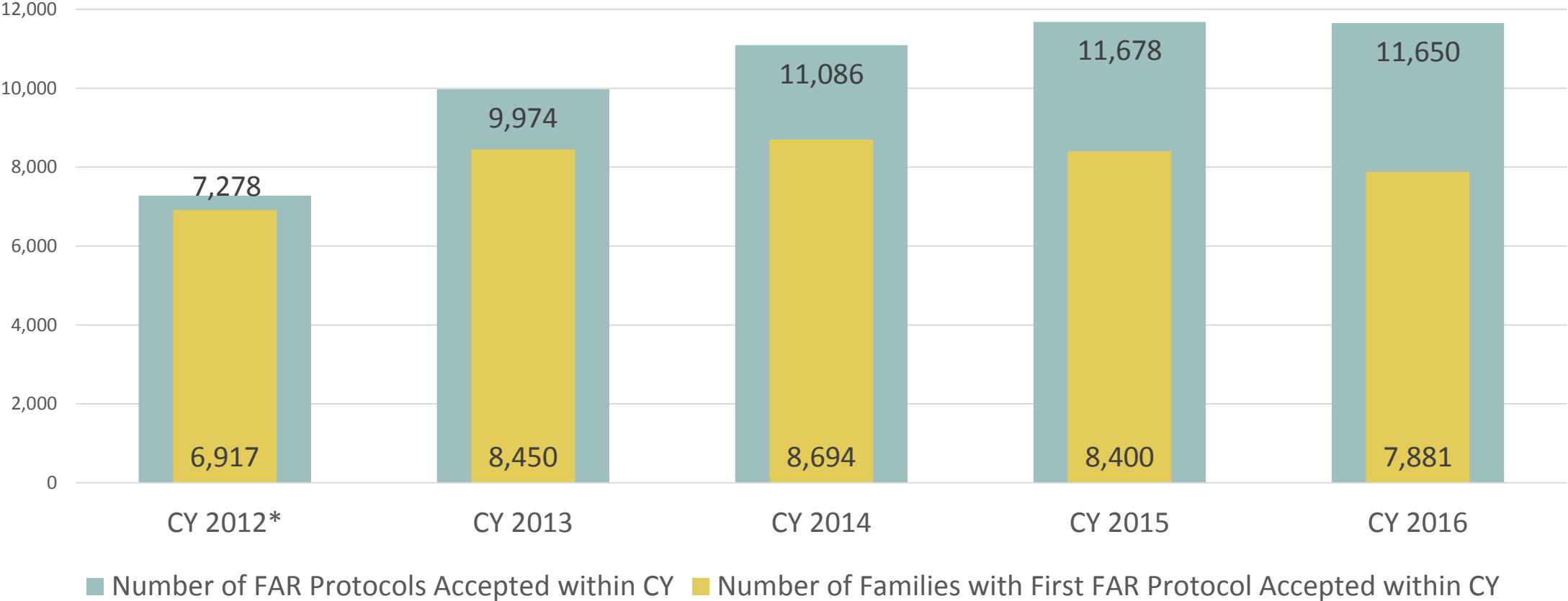
CSF case counts:

- 2,032 families received services (i.e., were active) from CSF during CY 2016
- 1,384 CSF episodes were discharged in CY 2016

*Excludes reports linked to the wrong family and those with no DRSID.

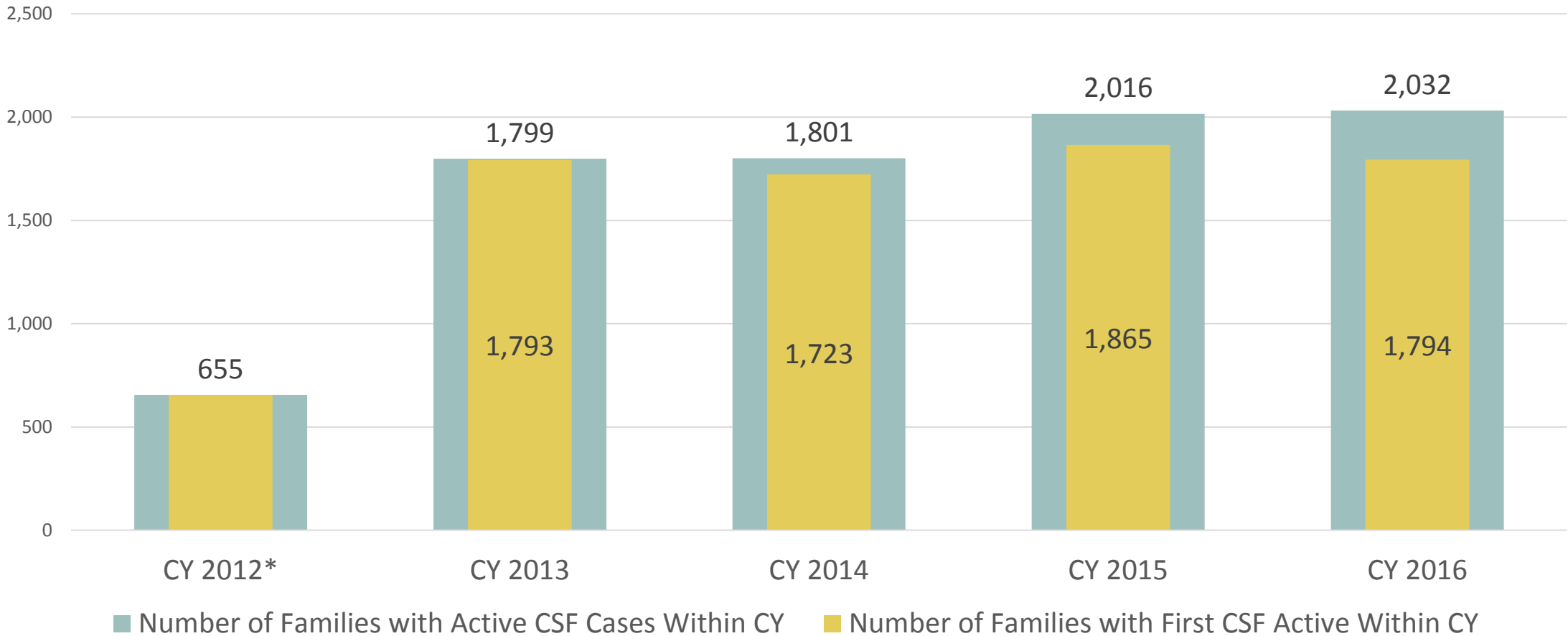
**Reports that are combined under one protocol and treated as a single report.

FAR : First FAR Protocols and Total FAR Protocols Accepted by Calendar Year 2016



*Partial year

CSF : Families with First CSF Cases and Total Active CSF Cases by Calendar Year 2016



*Partial year

The following analyses are included in this report as required by Public Act 16-190 “An Act Concerning the Program of Family Assessment Response.”

- A. The number of accepted reports of child abuse or neglect, and the percentage of reports assigned a Family Assessment Response
- B. The disposition of families assigned a Family Assessment Response
- C. Reporter type for cases assigned a Family Assessment Response
- D. The number and percentage of Family Assessment Response reports that changed track to investigations
- E. An analysis of the Department's prior/subsequent involvement with a family that has been assigned a Family Assessment Response
 - 1) Prior child protective services history for FAR cases accepted in CY 2016
 - 2) Analyzing subsequent reports using survival analysis
 - 3) Analysis of subsequent reports for FAR families
 - 4) Analysis of substantiated subsequent reports for FAR families
 - 5) Summary of findings: Prior and subsequent reports for CSF families

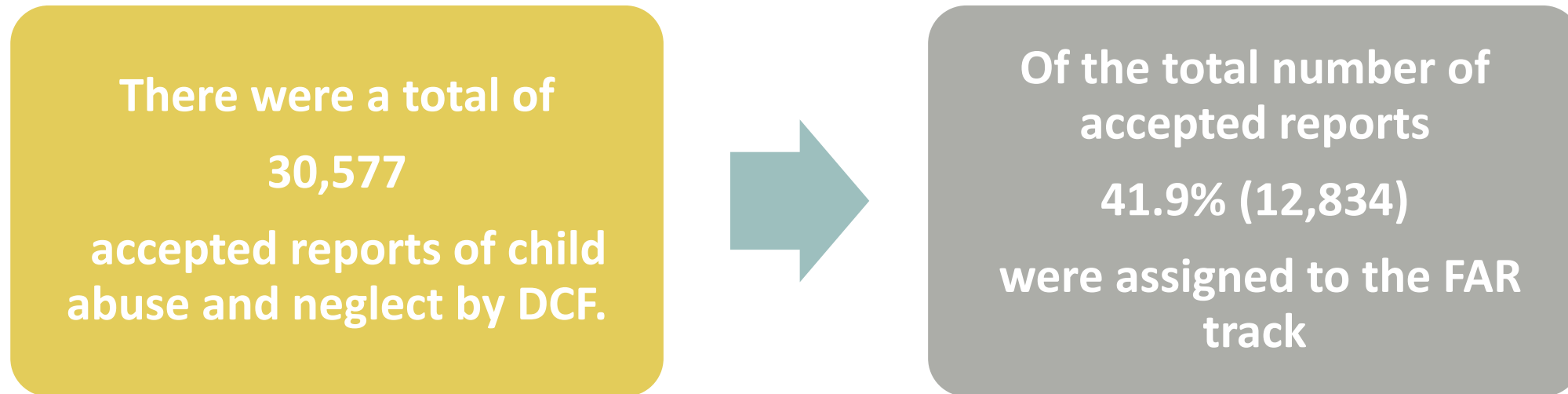
The following analyses are included in this report as required by Public Act 16-190 “An Act Concerning the Program of Family Assessment Response.”

(Continued from previous slide)

- F. An analysis of the Department's prior/subsequent involvement with a family that has been assigned to a Community Partner Agency (i.e. Community Supports for Families (CSF)).
 - 1) Prior child protective services history for CSF cases accepted in CY 2016
 - 2) Analysis of subsequent reports for CSF families
 - 3) Analysis of substantiated subsequent reports for CSF Families
 - 4) Summary of findings: Prior and subsequent reports for CSF families
- G. A description of services that are commonly provided to families referred to the Community Support for Families program
- H. A description of the Department's staff development and training practices relating to intake
- I. The number and percentage of referred families who were ultimately enrolled in the Community Support for Families program
- J. The number and percentage of families receiving a Family Assessment Response by race and ethnicity
- K. The reason for discharge from the Community Support for Families program by race and ethnicity
- L. A comparison of the needs identified and the needs addressed for families referred to the Community Support for Families program

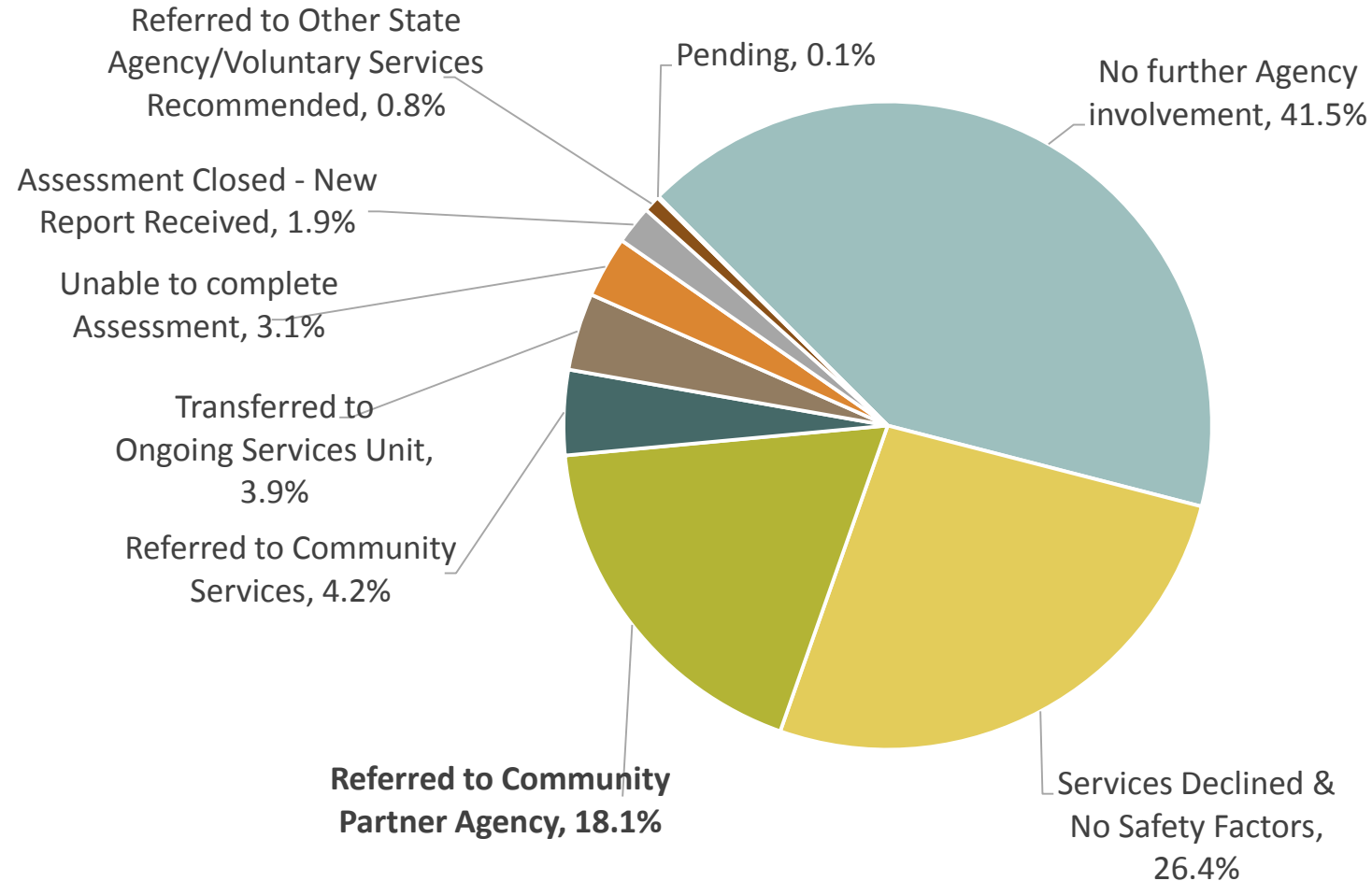
A. The number of accepted reports of child abuse or neglect, and the percentage of reports assigned to the Family Assessment Response Track

In Calendar year 2016...



Updated 5/24/17 – Source DCF

B. The Disposition of Reports Assigned a Family Assessment Response: FAR Reports for Cases Accepted in CY 2016

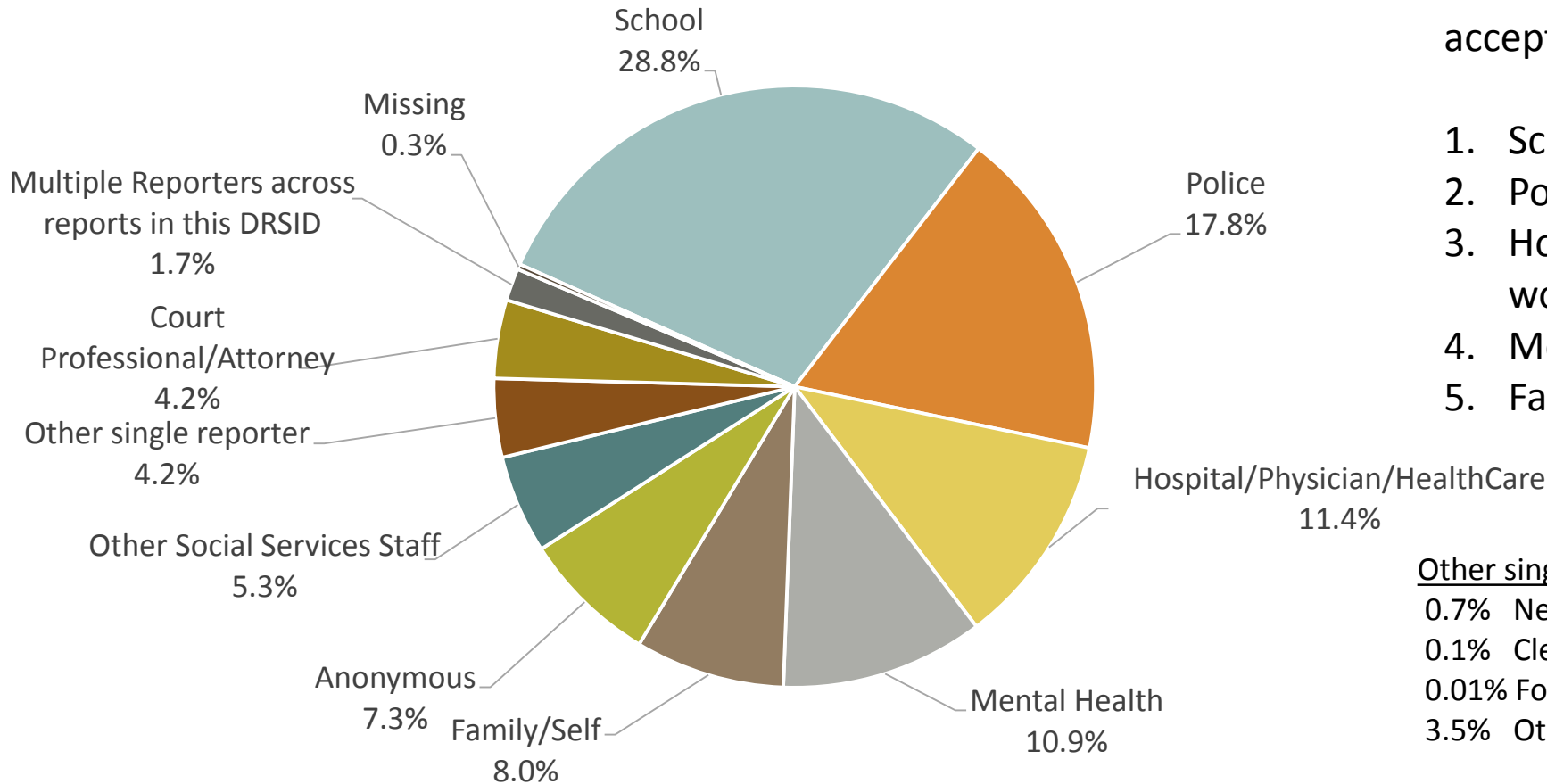


The top three dispositions of FAR protocols accepted in CY 2016 were:

1. No further agency involvement (41.5%).
2. Services declined and no safety factors present (26.4%).
3. **Referred to a Community Partner Agency (i.e. Community Support for Families Program) (18.1%).**

(N of Protocols Accepted= 11,650)

C. Reporter Type for Reports Assigned a Family Assessment Response FAR Reports for Cases Accepted in CY 2016



The top five reporters of FAR protocols accepted in CY 2016 were:

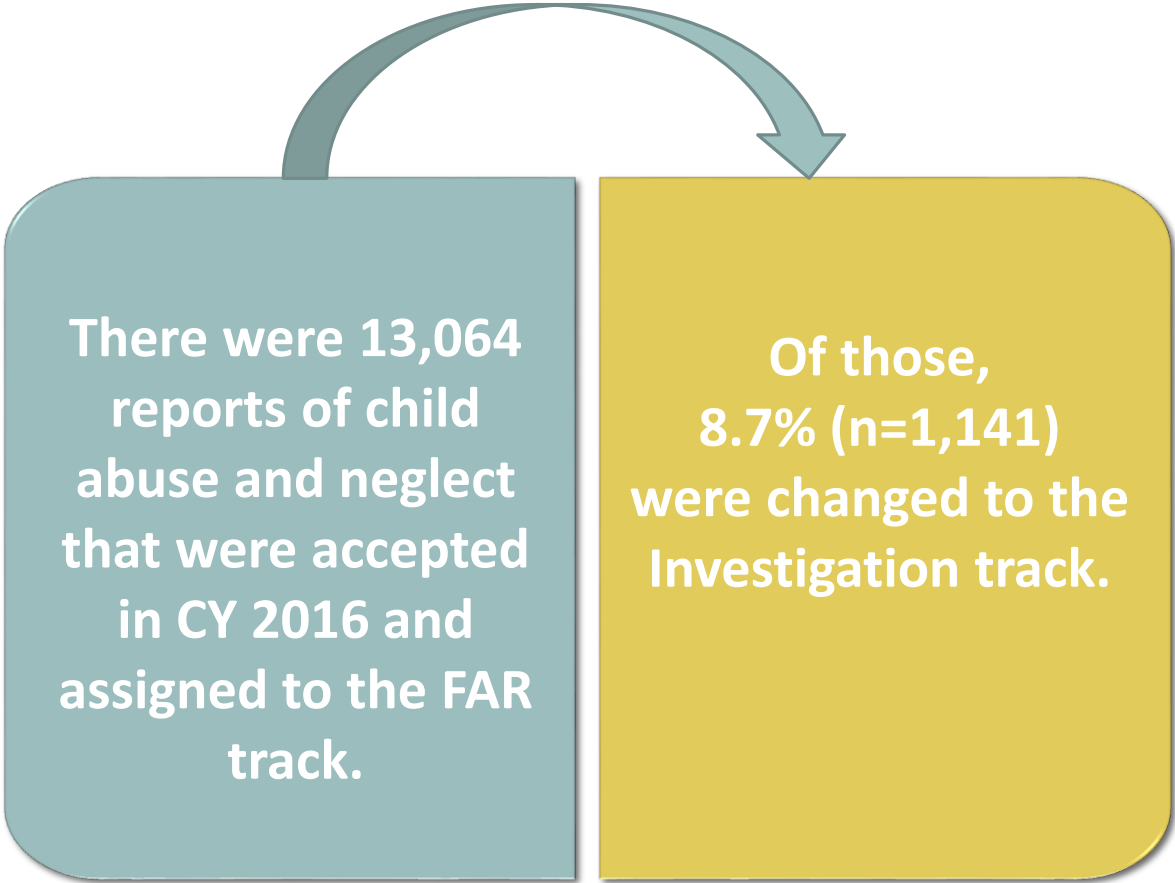
1. Schools (28.8%).
2. Police (17.8%).
3. Hospital/Physician/Health Care worker (11.4%).
4. Mental health provider (10.9%).
5. Family/Self (8.0%).

Other single reporter:
 0.7% Neighbor
 0.1% Clergy
 0.01% Foster Parent
 3.5% Other (unspecified)

Other Social Services:
 2.4% DCF Employee
 1.6% Social Services Worker
 0.7% Licensed Day Care
 0.2% Residential Provider
 0.3% Shelter
 0.1% Rape Crisis

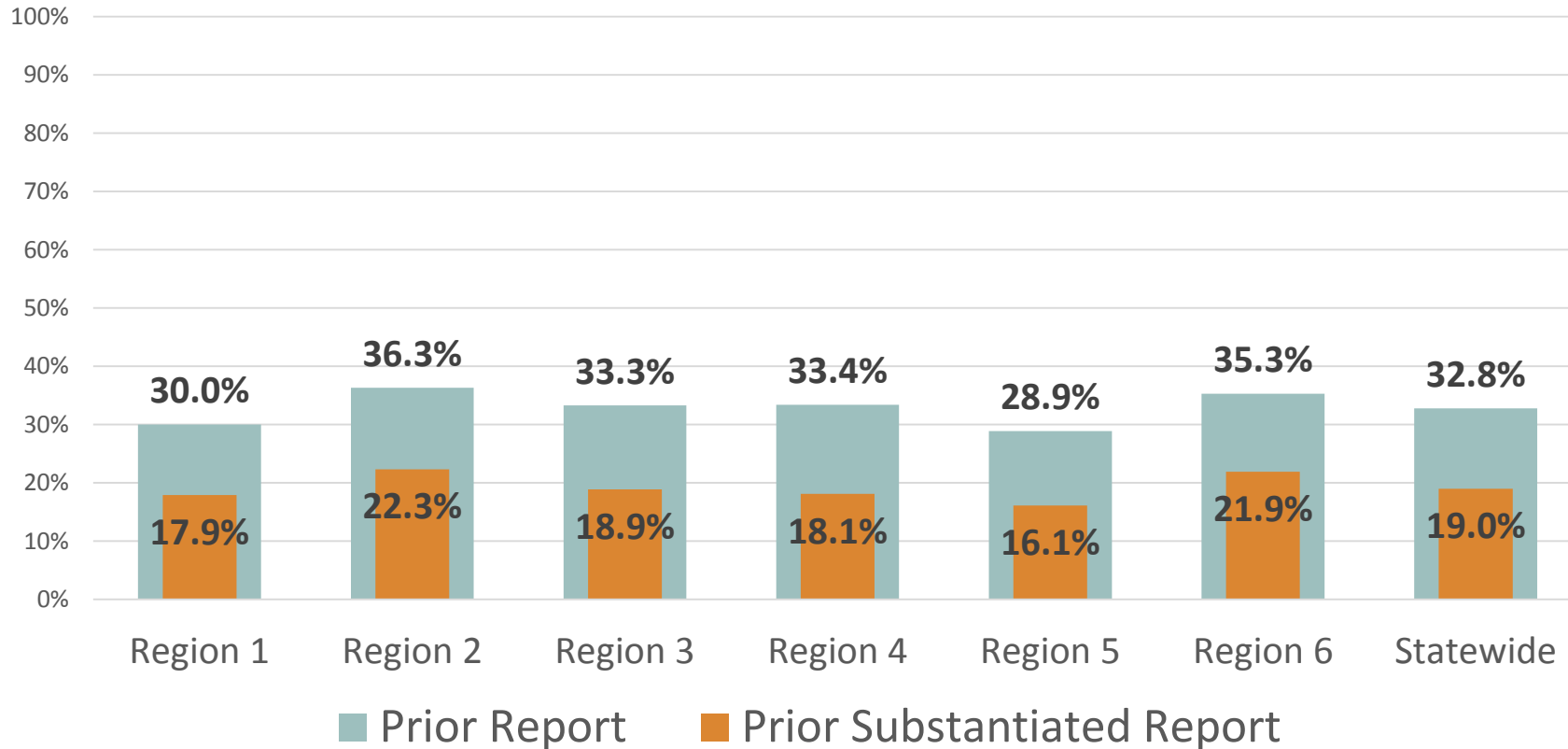
(N of Protocols Accepted= 11,650)

D. Family Assessment Response Reports That Changed Track to Investigations



E (1): Prior Child Protective Services History for FAR Families Accepted in CY 2016

FAR: CPS History and Prior Substantiated Reports by Region



- 32.8% of FAR families with an accepted FAR report in CY2016 have at least one prior CPS report. (67.2% had no prior reports.)
- 19.0% of these families had at least one substantiated report prior to their first FAR report.
- 23.1% of FAR families received a prior report more than 12 before their first FAR report.

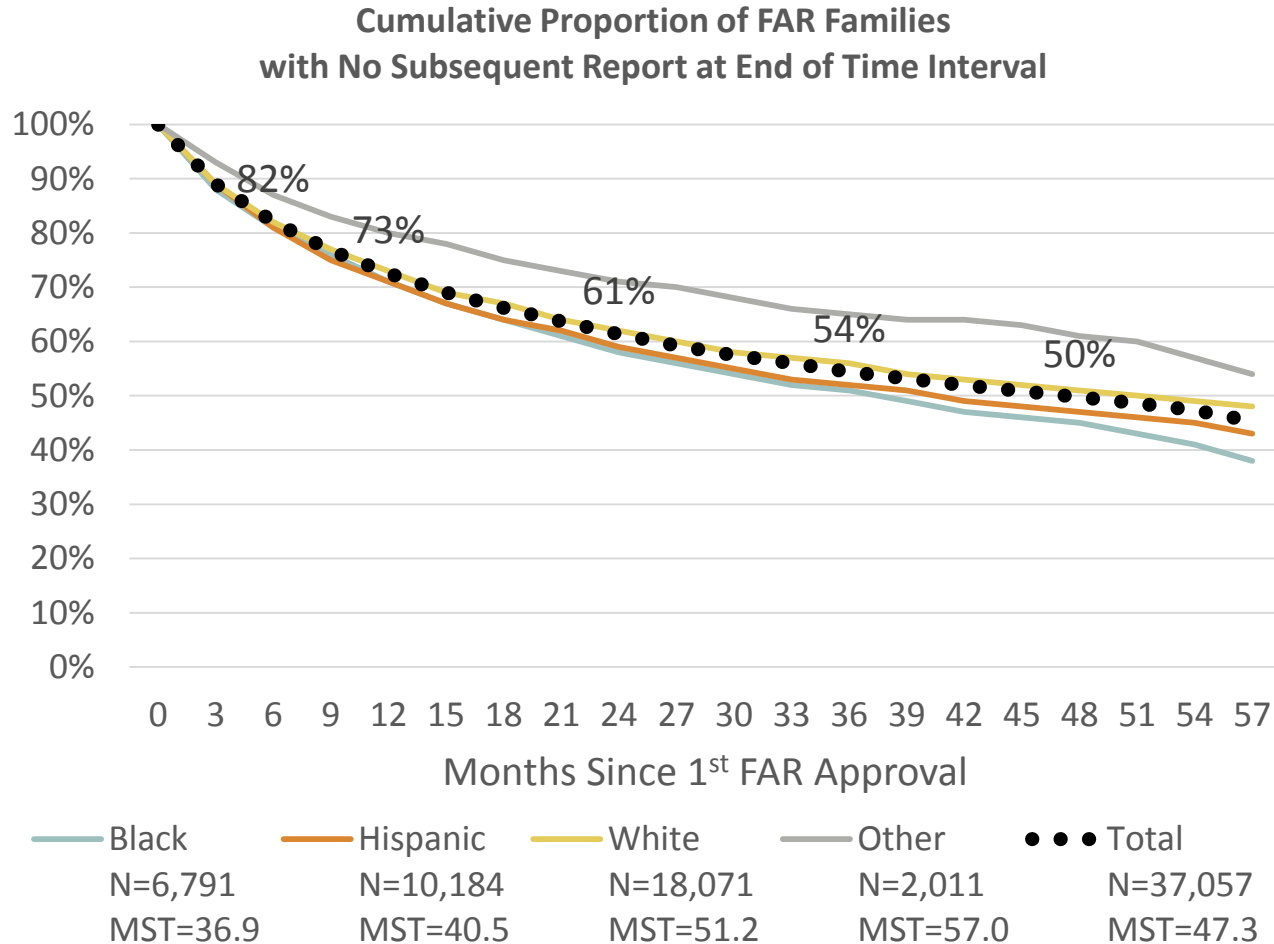
(N=10,838 (4 cases missing Region information))

E (2). Analyzing Subsequent Reports Using Survival Analysis

A statistical technique, Survival Analysis, was conducted to determine what proportion of FAR and CSF families has not received a subsequent report in a given time period.

- Survival analysis is used to analyze data in which the time until the event is of interest. In this case it is the time to a subsequent report or a substantiated subsequent report.
- Survival Analysis provides the least biased method for calculating subsequent reports as it accounts for cases that had enough time to have a subsequent or a substantiated subsequent report and those that have not.

E (3). Analysis of Subsequent Reports for FAR Families

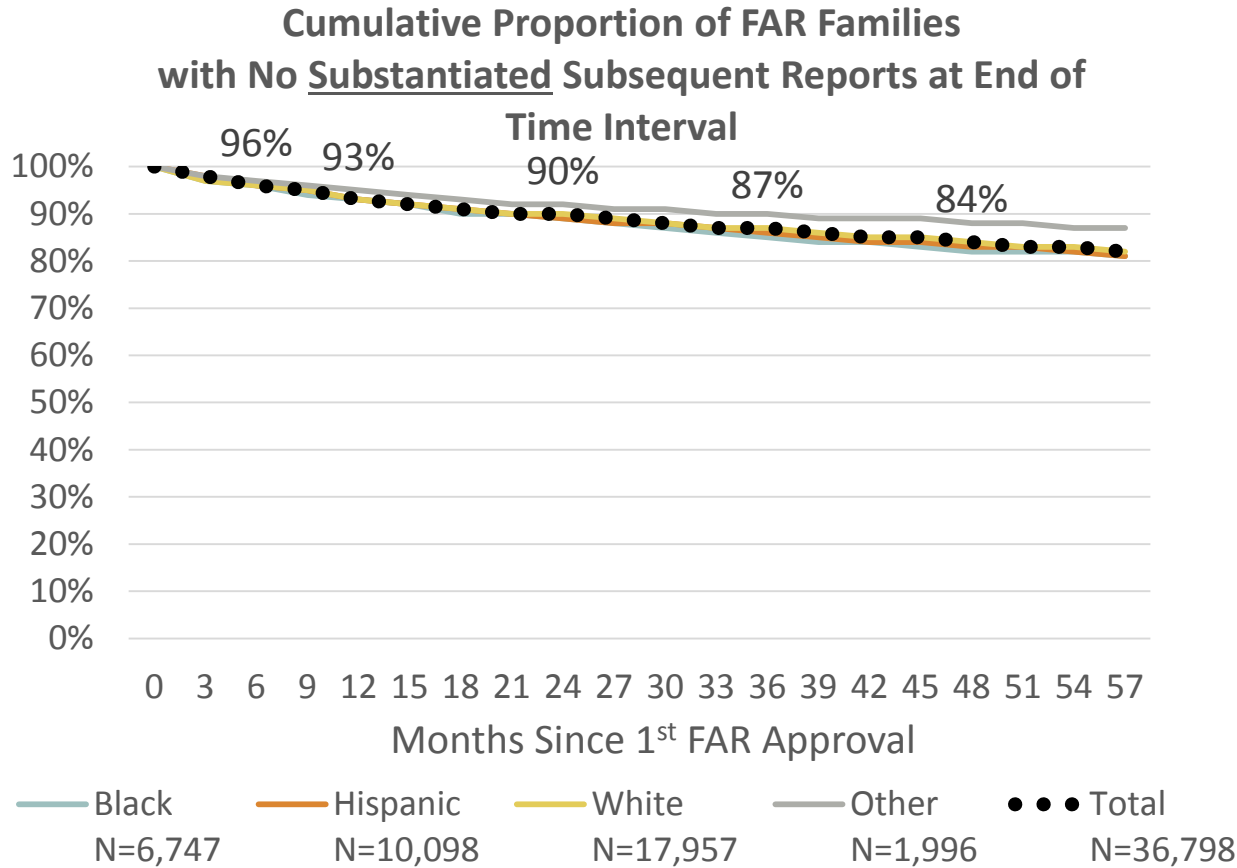


(N=37,057, 3,285 missing Race/Ethnicity)

Survival Analyses indicated:

- 82% of FAR families have not received a subsequent report within **6 months** of their first FAR approval date.
- 73% of FAR families have not received a subsequent report within **12 months** of their first FAR approval date.
- 61% of FAR families have not received a subsequent report within **two years** of their first FAR approval date.
- 54% of FAR families have not received a subsequent report within **three years** of their first FAR approval date.
- 50% of FAR families have not received a subsequent report within **four years** of their first FAR approval date.
- Unadjusted survival rates to the first subsequent report indicate that there are statistical differences among race/ethnicity groups. FAR families whose race/identity is identified as “Other” had the best subsequent report rate when compared to all other groups (Median Survival Time (MST)=57 months). FAR families identified as “Black” had the worst subsequent report rate when compared to all groups. Survival rates for Black, Hispanic, and Other differed significantly from White.

E (4). Analysis of Substantiated Subsequent Reports for FAR Families



Survival Analyses indicated:

- 96% of FAR families have not received substantiated subsequent reports within **6 months** after their first FAR approval date.
- 93% of FAR families have not received substantiated subsequent reports within **12 months** after their first FAR approval date.
- 90% of FAR families have not received substantiated subsequent reports within **two years** after their first FAR approval date.
- 87% of FAR families have not received substantiated subsequent reports within **three years** after their first FAR approval date.
- 84% within of FAR families have not received substantiated subsequent reports within **four years** after their first FAR approval date.
- Unadjusted survival rates to the first substantiated subsequent report indicate that there are statistical differences among race/ethnicity groups: FAR families identified as Other had a better substantiated subsequent report rate and FAR families identified as Black had a worse substantiated subsequent report rate than those identified as White.

(N=36,798; 3,285 missing Race/Ethnicity)

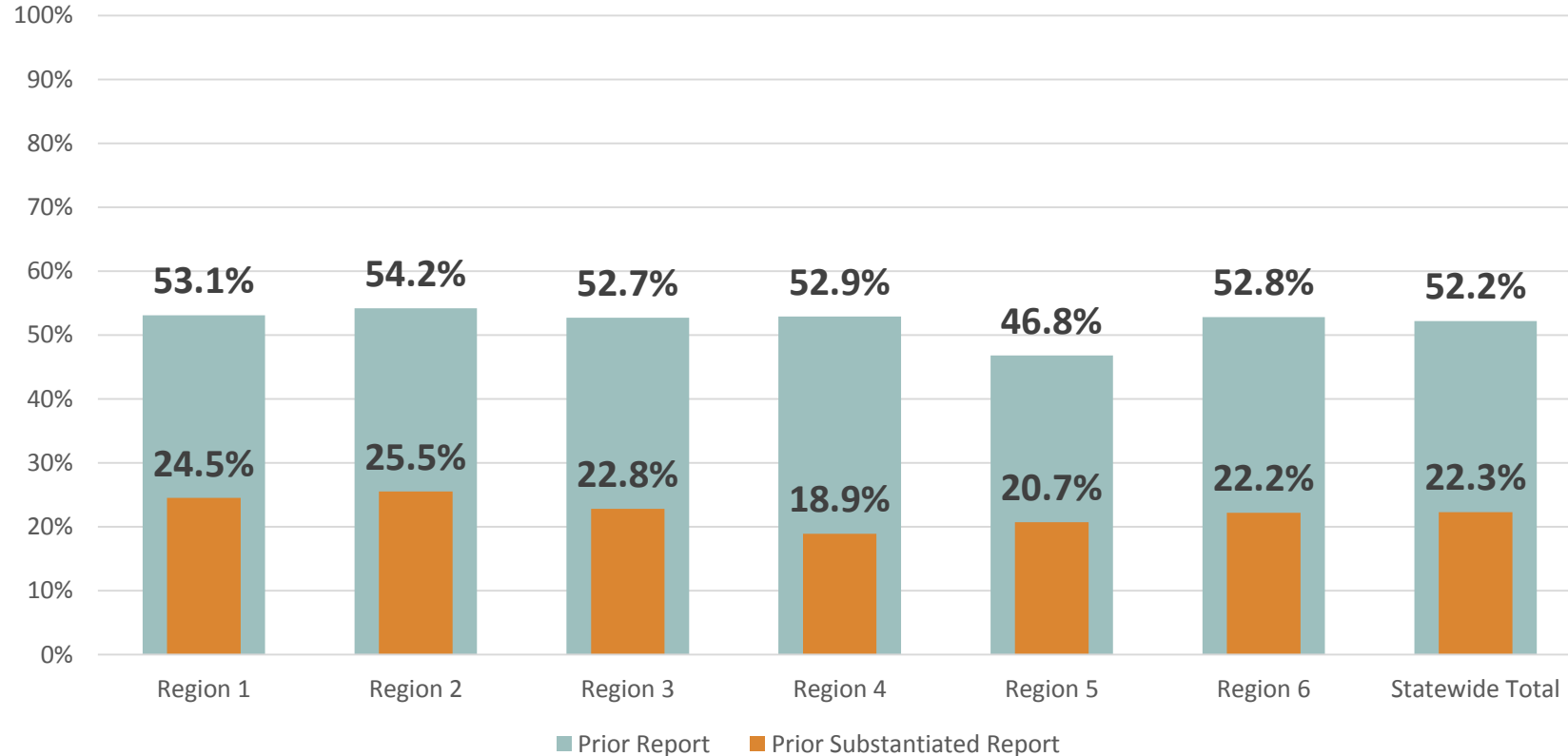
E (5). Summary of Findings: Prior and Subsequent Reports for FAR Families

- Just under a third of FAR families have at least one prior CPS report.
- The majority of FAR families have not received a subsequent report within three years of their first FAR approval date.
 - Unadjusted survival analyses show some differences by race/ethnicity; however, when controlling for other factors, 12-month survival analyses indicate that other risk factors play a more substantive role in predicting this outcome than race/ethnicity.
 - Age of victim is under five
 - Higher risk category level
 - Region*
 - Single parent families
 - Homelessness
 - Four or more children involved in child abuse and neglect (CAN) incident
- Most FAR families did not have a substantiated subsequent report.
 - Unadjusted survival analyses show some differences by race/ethnicity: however, adjusted 12-month survival analyses indicate that other risk factors play a more substantive role in predicting the outcome of substantiated subsequent reports than race/ethnicity.
 - Age of victim is under five
 - Higher risk category level
 - Region*
 - Homelessness
 - Child with complex medical needs
 - Primary caregiver has alcohol/drug problem

**Additional research is planned to understand regional differences. Given the vast differences in populations and community profiles, region is likely a proxy for factors inherent in the population.*

F (1). Prior Child Protective Services History for CSF Families Active in CY 2016

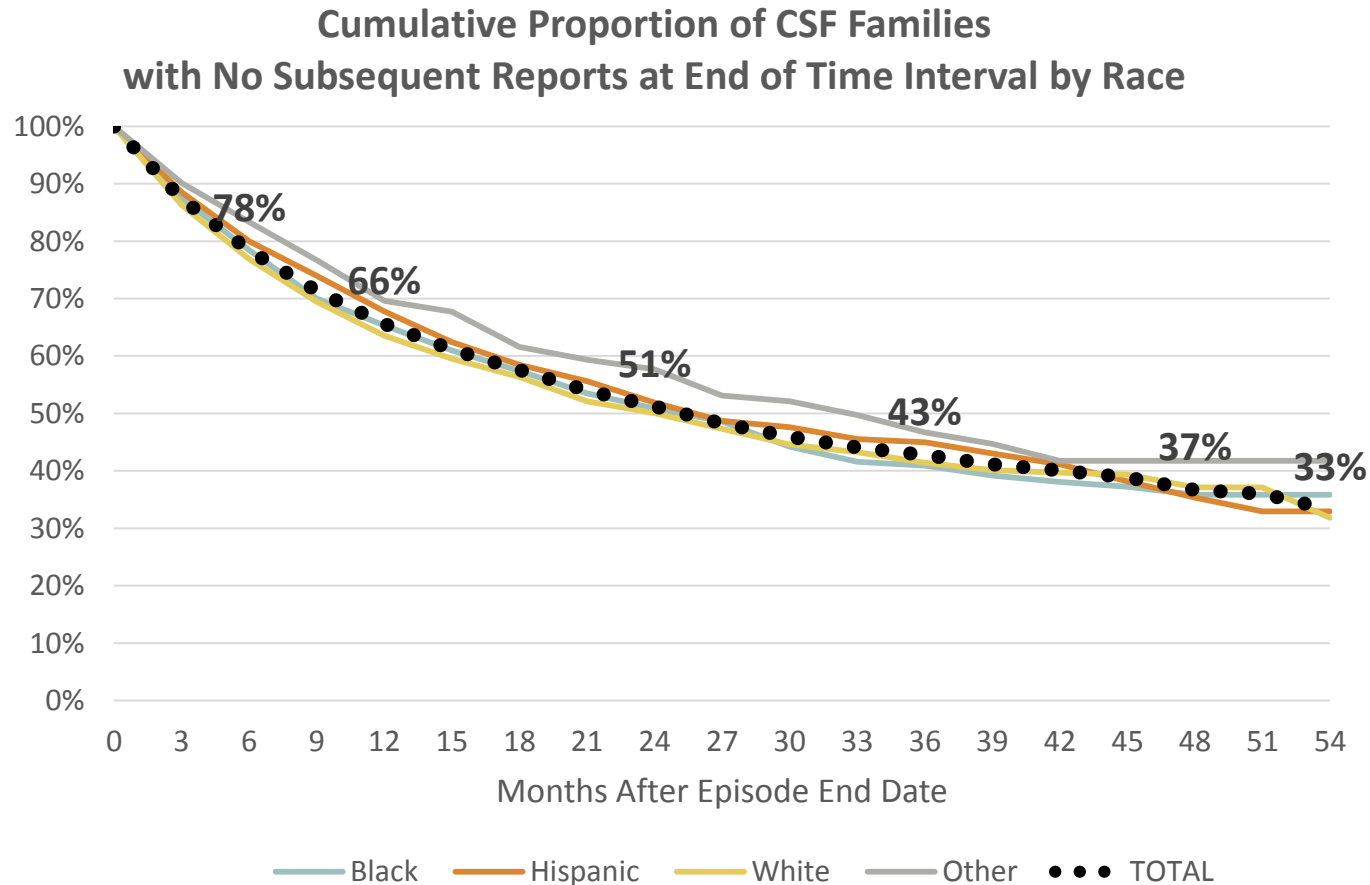
CSF: CPS History and Prior Substantiated Reports by Region



- 52.2% of all CSF families have at least one prior CPS report.
- Of the families that had a prior CPS report, the highest proportion occurred more than 12 months before their CSF episode start date.

(N= 1,706; 88 missing LINK data)

F (2). Analysis of Subsequent Reports for CSF Families



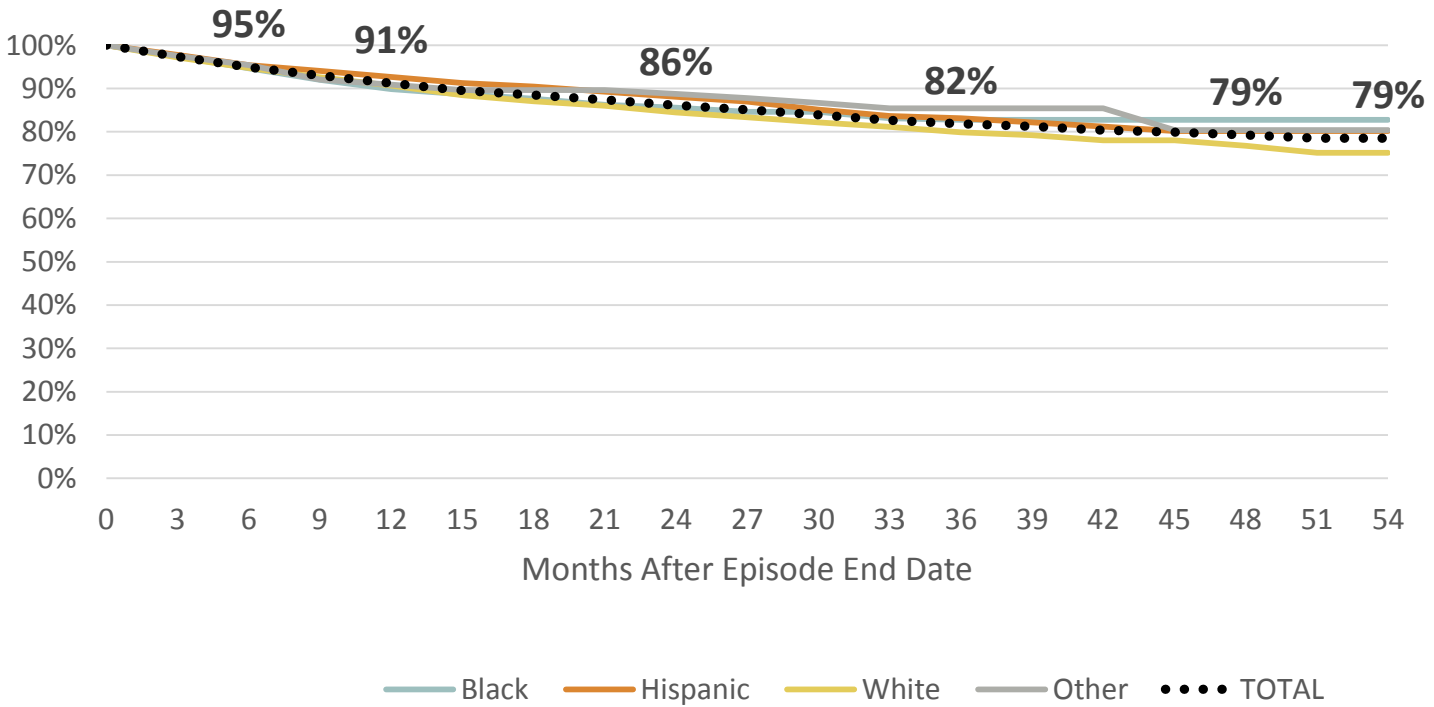
(N=5,305, 94 missing race/ethnicity)

Survival Analyses indicated:

- 78% of CSF families have not received a subsequent report within **6 months** of their CSF episode end date.
- 66% of CSF families have not received a subsequent report within **12 months** of their CSF episode end date.
- 51% of CSF families have not received a subsequent report within **two years** of their CSF episode end date.
- 43% of CSF have not received a subsequent report within **three years** of their CSF episode end date.
- 37% of CSF have not received a subsequent report within **four years** of their CSF episode end date.
- Wilcoxon (Gehan) statistic 9.255 showed significant difference between races (p=.026).

F (3). Analysis of Substantiated Subsequent Reports for CSF Families

Cumulative Proportion of CSF Families with No Substantiated Subsequent Reports at End of Time Interval by Race



(N=5,297, 94 missing race/ethnicity)

Survival Analysis indicated:

- 95% of CSF families have not received substantiated subsequent reports within **6 months** of their CSF episode end date.
- 91% of CSF families have not received substantiated subsequent reports within **12 months** of their CSF episode end date.
- 86% of CSF families have not received substantiated subsequent reports within **two years** of their CSF episode end date.
- 82% of CSF families have not received substantiated subsequent reports within **three years** of their CSF episode end date.
- 79% of CSF families have not received substantiated subsequent reports within **four years** of their CSF episode end date.
- There were **no** statistically significant differences in substantiated subsequent report rates between races.

F (4). Summary of Findings: Prior and Subsequent Reports for CSF Families

- CSF families tend to have a more extensive CPS history.
- The majority of CSF families has not received a subsequent report within two years of the end of their CSF episode. The unadjusted survival analysis showed statistically significant differences in subsequent report rates between races ($p=.026$); however, race was not found to be a significant predictor of subsequent report rates after controlling for other factors (e.g., including region and prior CPS history). There were no statistically significant differences found in the substantiated subsequent report rates. Risk factors that play a substantive role in predicting the outcome of subsequent reports include:
 - Prior investigations for neglect
 - More than four children involved in CAN incident
 - Region*
 - Primary caregiver has own CAN history
 - Current complaint is for neglect
 - Youngest child is less than 2 years old
 - Unemployment
 - Prior investigations for abuse
 - Reported problems with child's mental health/behavioral health
- Similarly, most families do not receive a **substantiated** subsequent report within two years of the end of their CSF episode. There were no statistically significant differences by race. Risk factors that play a substantive role in predicting the outcome of substantiated subsequent reports include:
 - Prior investigations for neglect
 - Primary caregiver has own CAN history
 - Unemployment

**Additional research is planned to understand regional differences. Given the vast differences in populations and community profiles, region is likely a proxy for factors inherent in the population.*

G. Services Commonly Provided to Families Referred to The Community Support for Families Program

Top 10 Services Received by CSF Families in CY 2016	
Utilization of Natural Supports	39.3%
Mental Health (child)	37.0%
Housing	35.9%
Advocacy	29.5%
Food Assistance	29.0%
Parenting Skills, Education and Support	27.1%
Mental Health (parent)	26.8%
Recreation	26.2%
Employment Services	26.0%
Transportation	23.3%

(n=1,384)

I. Referred Families Who Were Enrolled in the Community Support for Families Program:

2,151 families were referred to CSF in CY 2016

215 (10.0%) were “referral only”
(i.e., family opts to not participate – no contact is made with a Community Partner Agency).

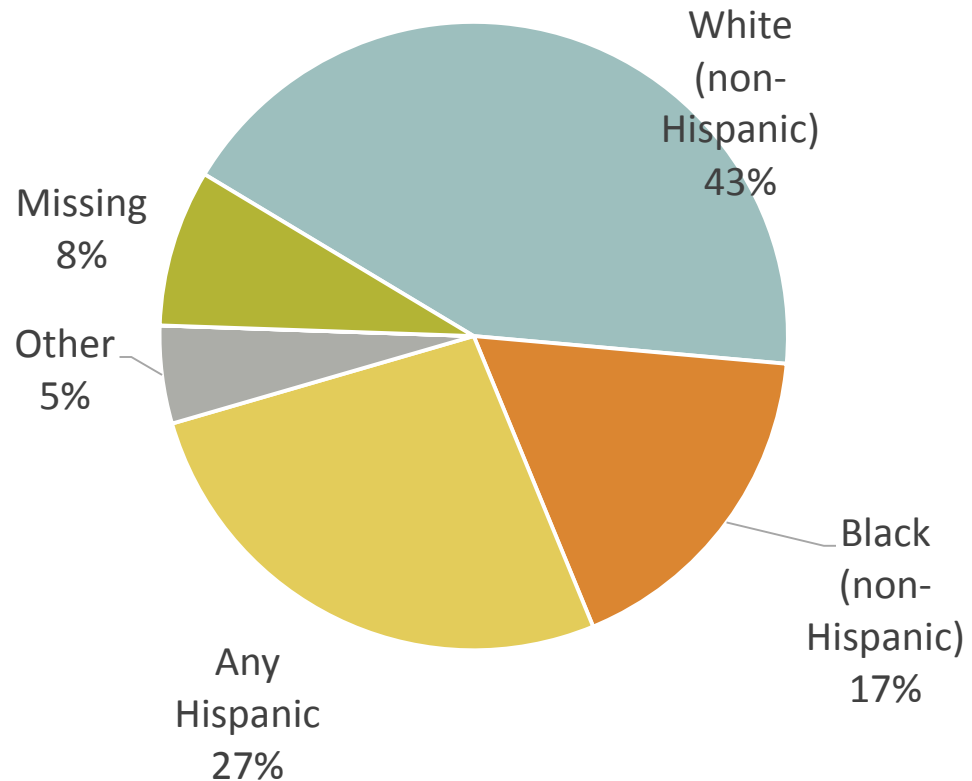
157 (7.3%) were open or pending as of 12/31/16

1,779 (82.7%) of the referrals resulted in an episode in 2016

180 (10.1%) of the CSF episodes were classified as “evaluation only”
(i.e., episode open fewer than 45 days and there was no Family Team Meeting or Plan of Care established with the CSF.)

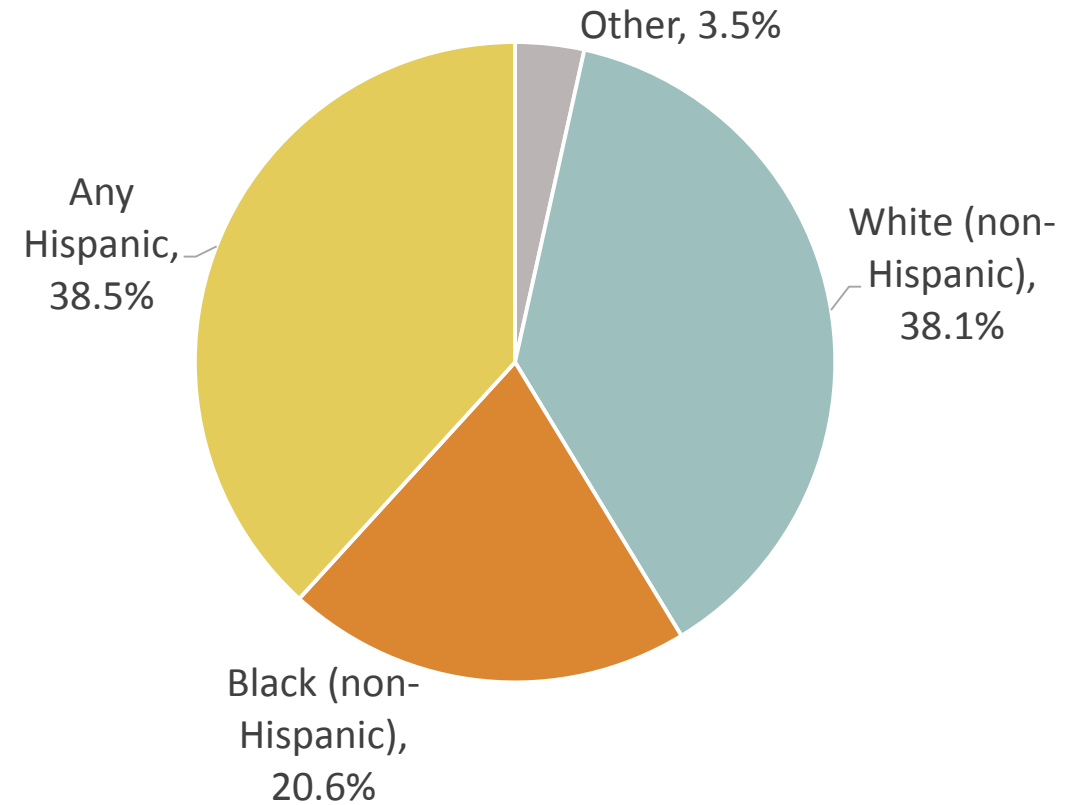
J. Families Receiving a Family Assessment Response in 2016 by Race and Ethnicity

FAR: Race/Ethnicity



Families with FAR DRSID protocols accepted in Calendar Year 2016 (n=10,842)

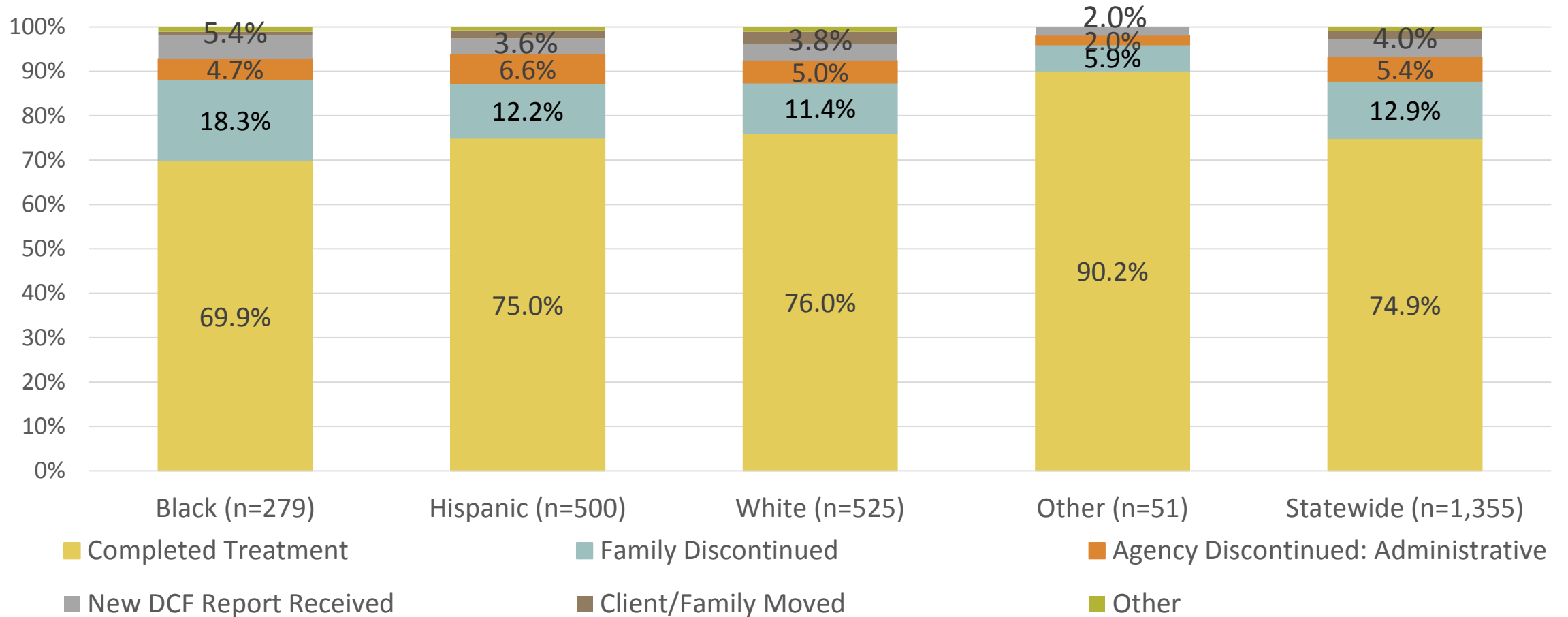
CSF: Race/Ethnicity



(n=1,943, 39 cases missing race information)

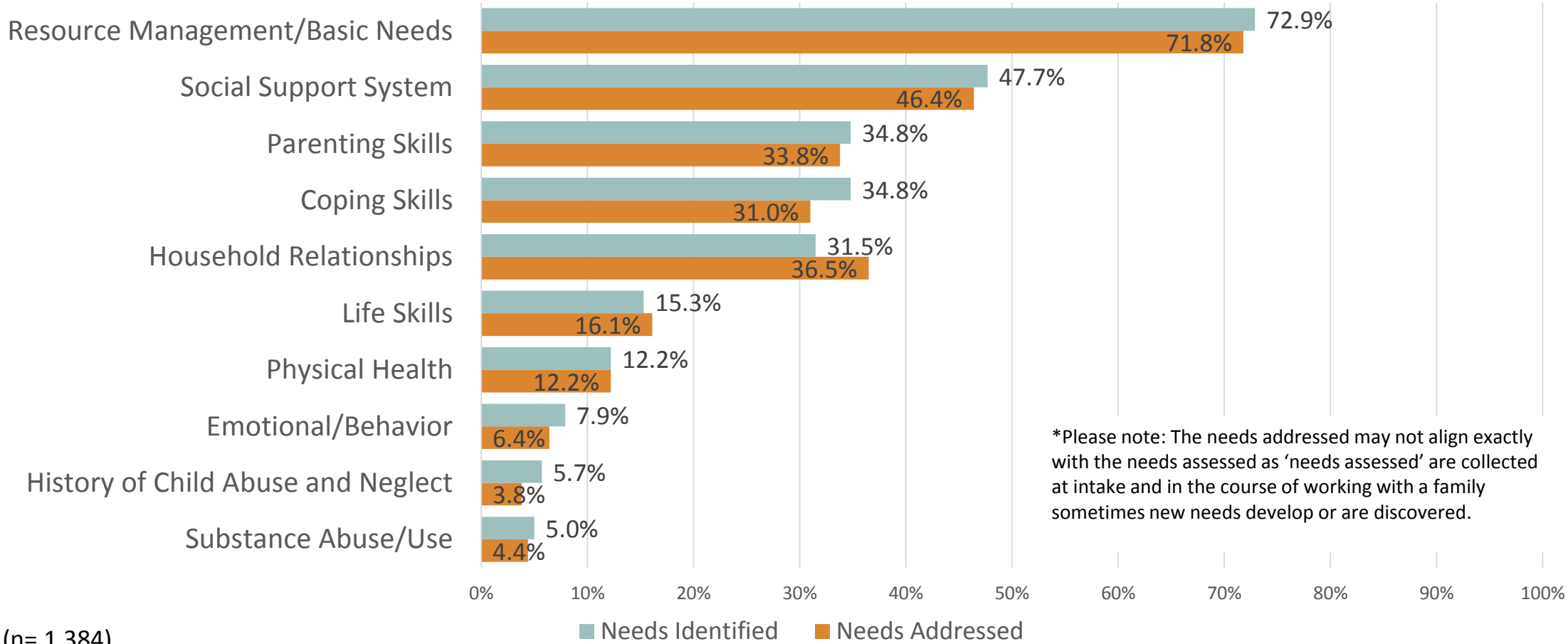
K. Reason for Discharge from The Community Support for Families Program by Race and Ethnicity

CSF: Reason For Discharge by Caregiver Race



L. Comparison of The Needs Identified and The Needs Addressed for Families Referred to the Community Support for Families Program

CSF: Family Needs Identified and Addressed*



H. DCF's Staff Development and Training Practices Relating to Intake

Training Academy Staff conducted focus groups consisting of regional and central office staff to review DRS curriculum and gather feedback.

Differential Response System (DRS)

- 10 Days of Training (expanded from 9 days)
- Best Practice Principles
- Assessment of Safety and Risk
- Critical Thinking

DRS Trainings include:

- Best Practice: FAR and Investigations
 - Group Care: Investigation
 - Worker Safety
 - Health and Wellness
 - Sexual Abuse: Minimal Facts for 1st Responders
 - Human Trafficking
 - CT Drug Threat - Substance Use
 - Genograms
 - Legal
 - Intimate Partner Violence
- Training series was offered 3 times during CY 2016; involving 84 unique participants.