

CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES' FAMILY ASSESSMENT RESPONSE

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

Prepared by:
Performance Improvement Center,
UConn School of Social Work
July 1, 2024



DATA DEFINITIONS AND NOTES

Family Assessment Response (FAR) data:

- LINK/PIE data extract through 12/31/2023
- Including only FAR/CSF families, their prior and subsequent reports
- Multi-level data structure:
 - Allegations/victims/perpetrators within reports; reports within protocol; protocol identification Number (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 Reports¹ accepted in CY 2023: 18,744
 - After data quality validation process, accepted FAR reports in CY 2023 used in analyses: N=17,676²
 - FAR Protocols (i.e., combined reports under a single identification number (DRSID)) accepted in CY 2023: N=16,512³
- Families with FAR reports accepted in CY 2023: 14,834

Community Supports for Families (CSF) case counts:

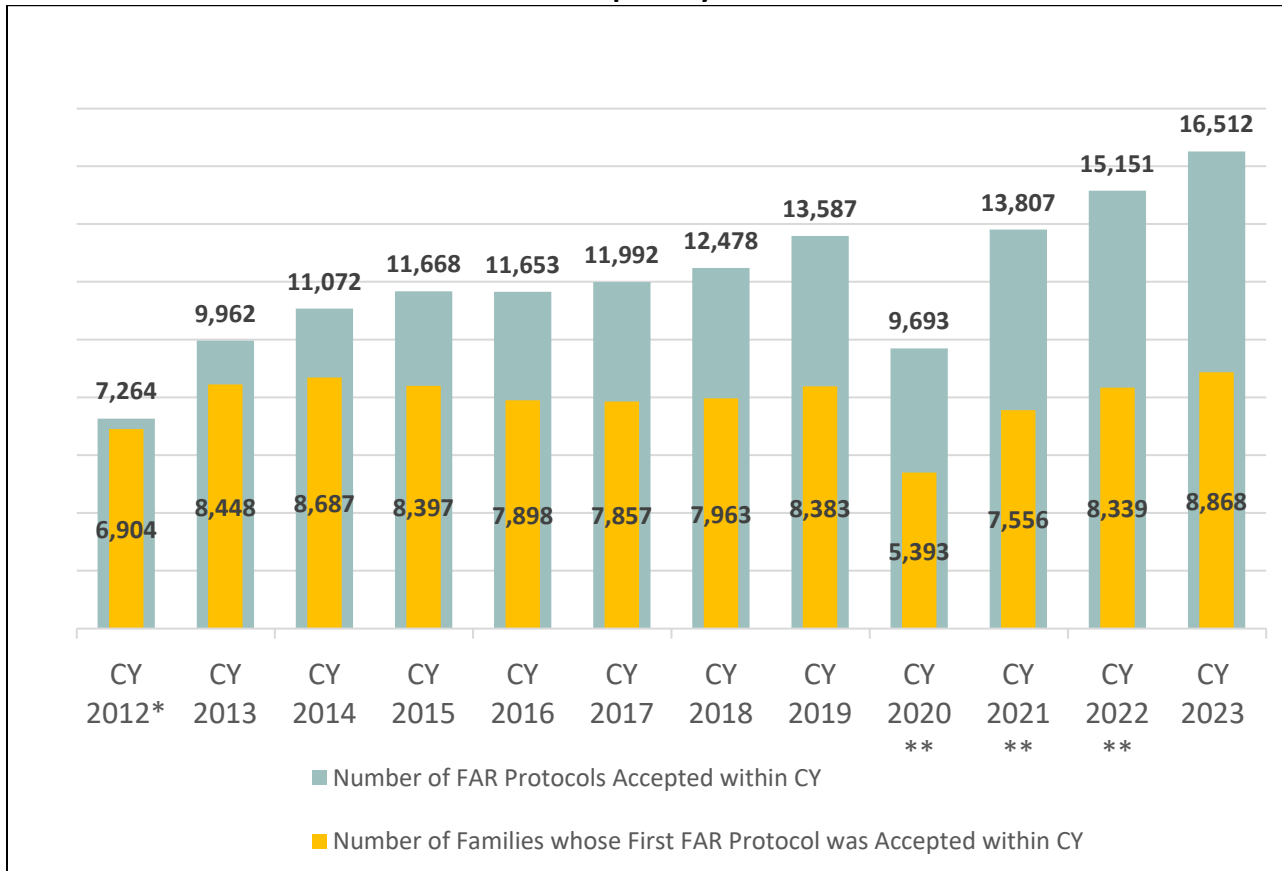
- Families received CSF services (i.e., were active) during CY 2023: 2,424
- CSF episodes discharged in CY 2023: 1,001

¹ Reports accepted Pre-Attrition

² Reports accepted Post-Attrition (Track Change FAR records, linked to wrong family, no DRSID)

³ Aggregated to DRSID level.

**First FAR Protocols and
Total FAR Protocols Accepted by Calendar Year 2023**



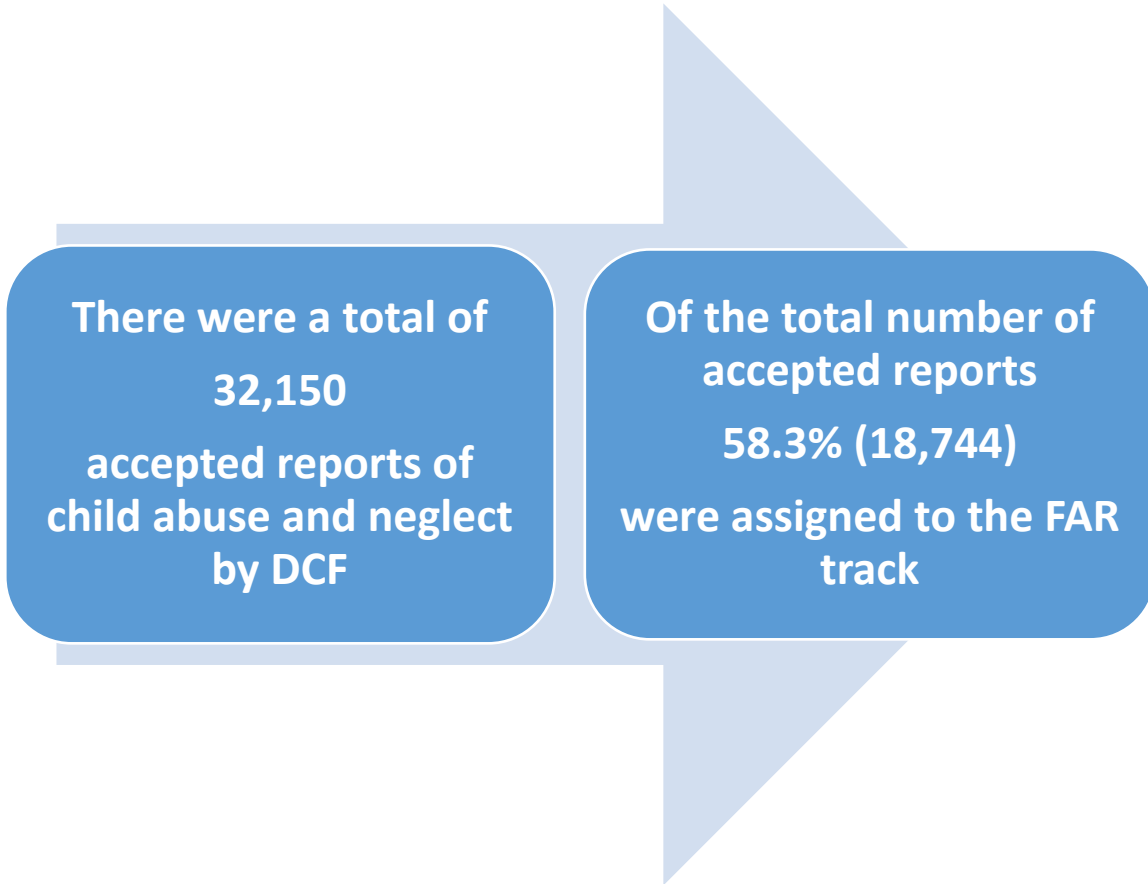
* Not a full year

**Covid19 pandemic peak years

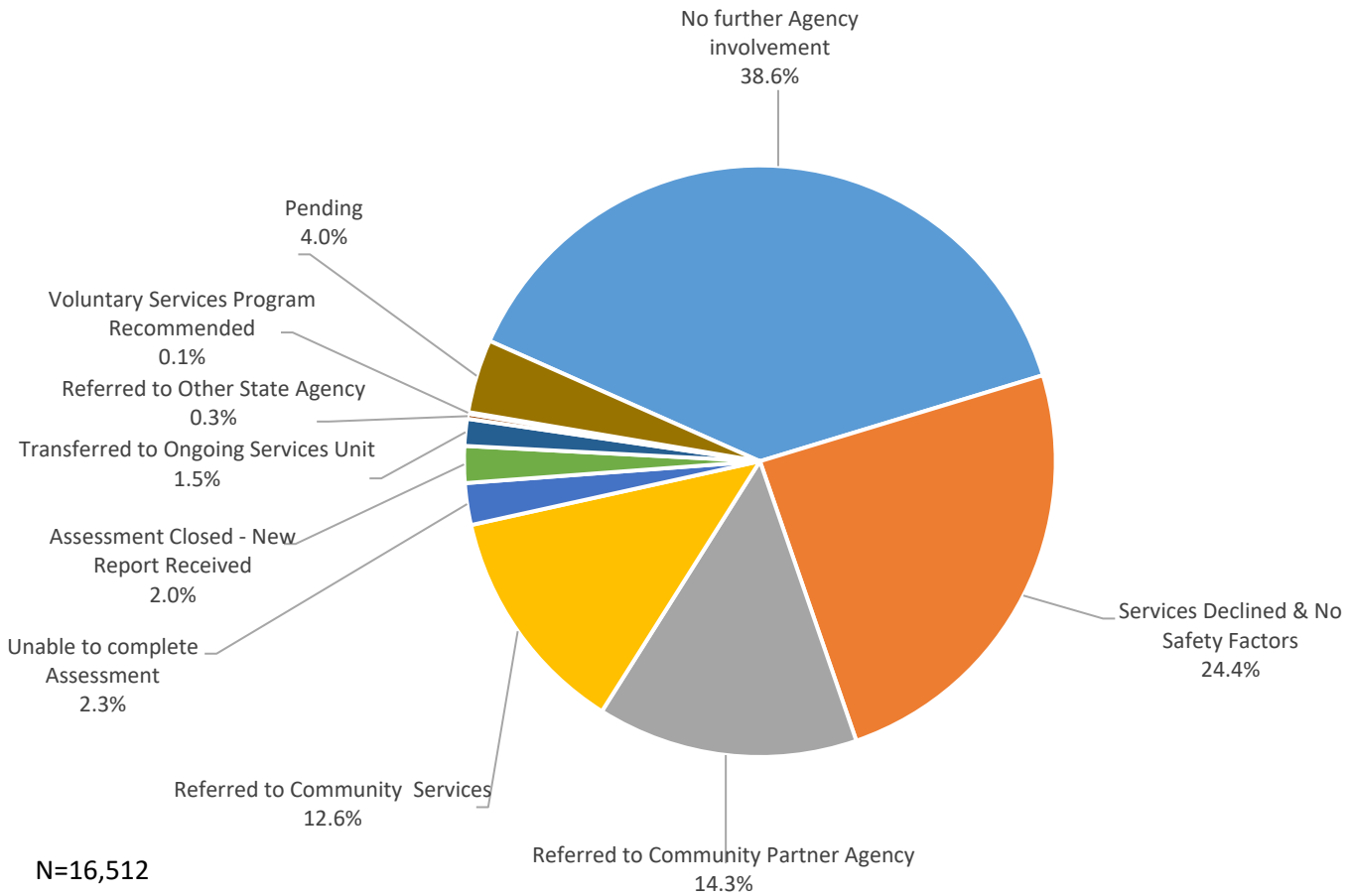
The following analyses are included in this report as required by Subst. Senate Bill No. 183 “An Act Concerning the Program of Family Assessment Response.”

- 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 the calendar year of this report
 - 2) Analysis of subsequent reports for FAR families
 - 3) Analysis of substantiated subsequent reports for FAR families
 - 4) Summary of findings: Prior and subsequent reports for CSF families
- 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 the calendar year of this report
 - 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 protocols of child abuse or neglect, and the percentage of reports assigned to the Family Assessment Response Track in CY 2023



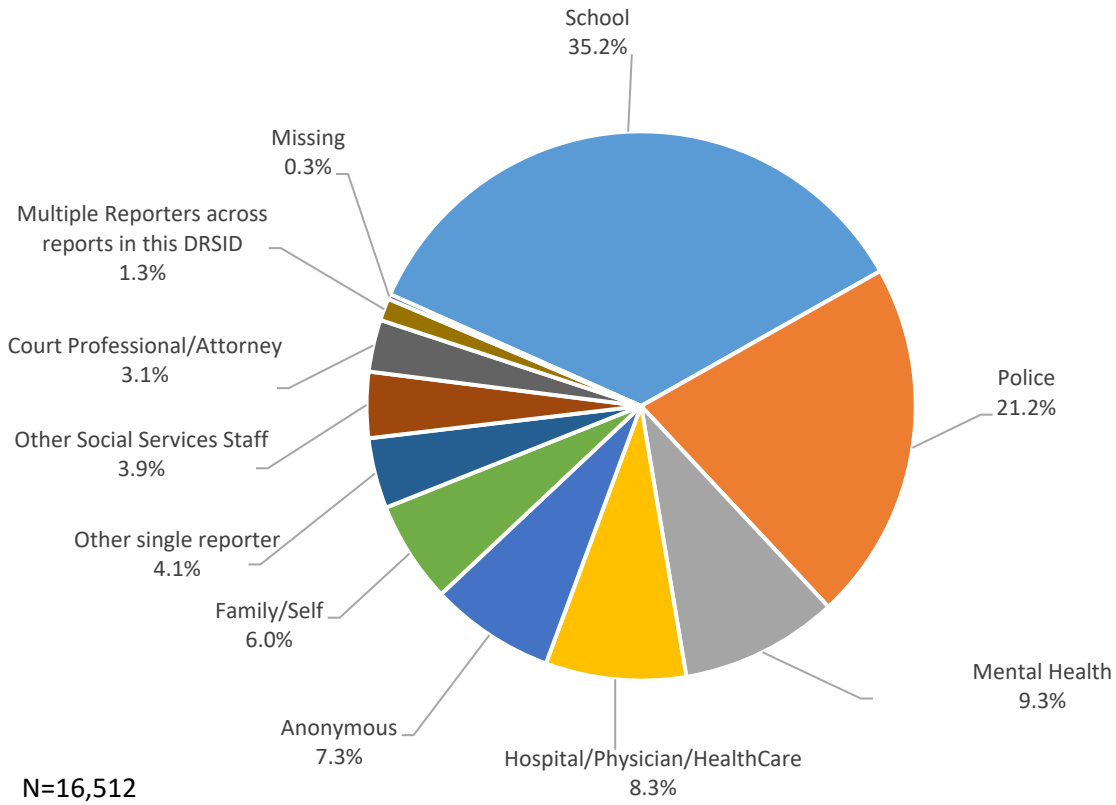
B. The Disposition of Reports Assigned a Family Assessment Response: FAR Reports for Cases Accepted in CY 2023



The top three dispositions of FAR protocols accepted in CY 2023 were:

1. No further agency involvement (38.6%).
2. Services declined and no safety factors present (24.4%)
3. **Referred to a Community Partner Agency (i.e., Community Support for Families Program) (14.3%)**

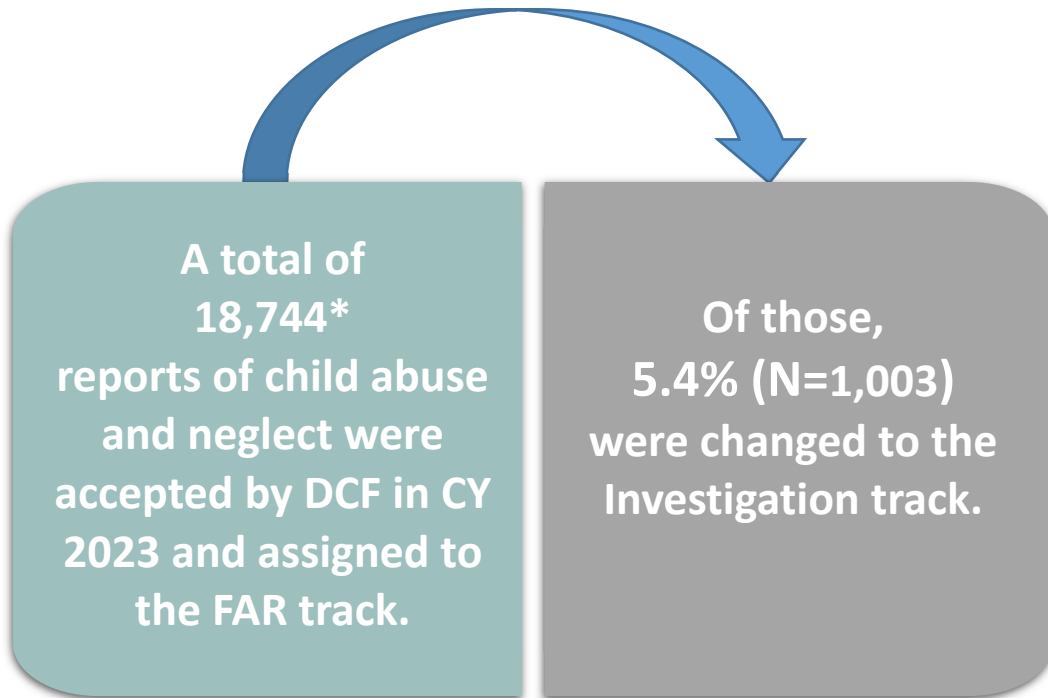
C. Reporter Type for Reports Assigned a Family Assessment Response FAR Reports for Cases Accepted in CY 2023



The top five reporters of FAR protocols accepted in CY 2023 were:

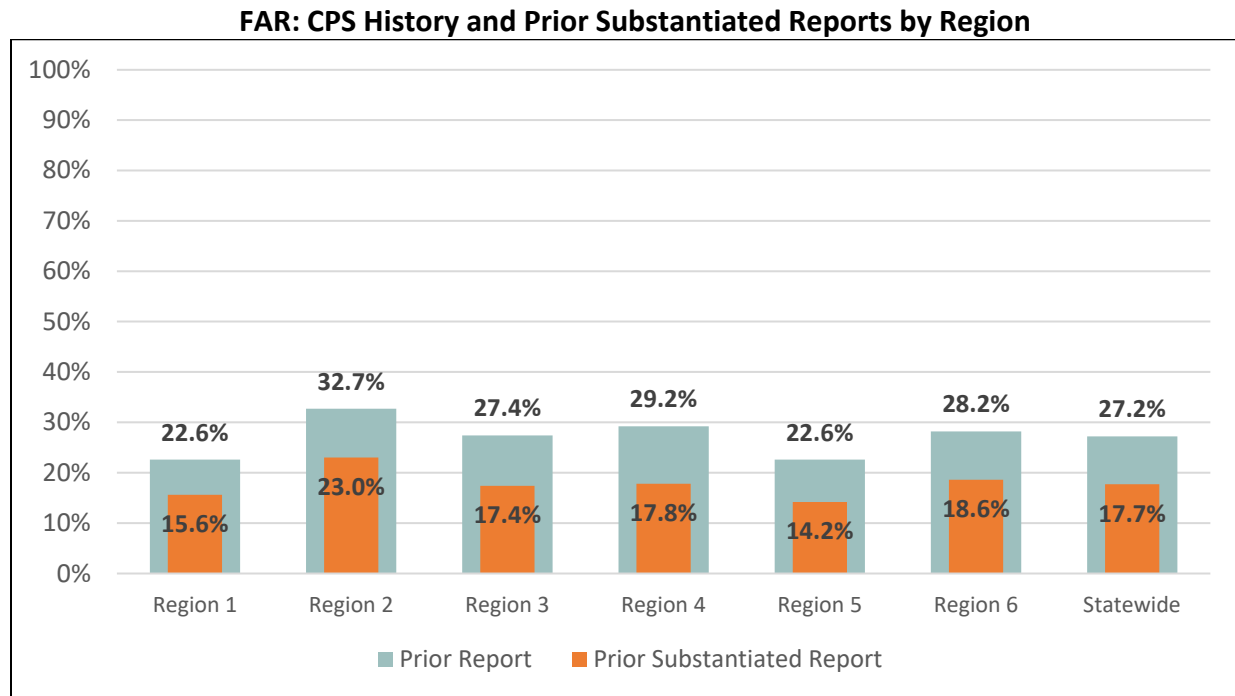
1. Schools (35.2%)
2. Police (21.2%)
3. Mental health provider (9.3%)
4. Hospital/Physician/Health Care worker (8.3%)
5. Anonymous (7.3%)

D. Family Assessment Response Reports That Changed Track to Investigations



** Total FAR protocols accepted in CY 2023: 18,744. After data quality validation process, FAR protocols accepted in CY 2023 used in analyses: N=16,512.*

E. (1) Prior Child Protective Services History for FAR Families Accepted in 2023

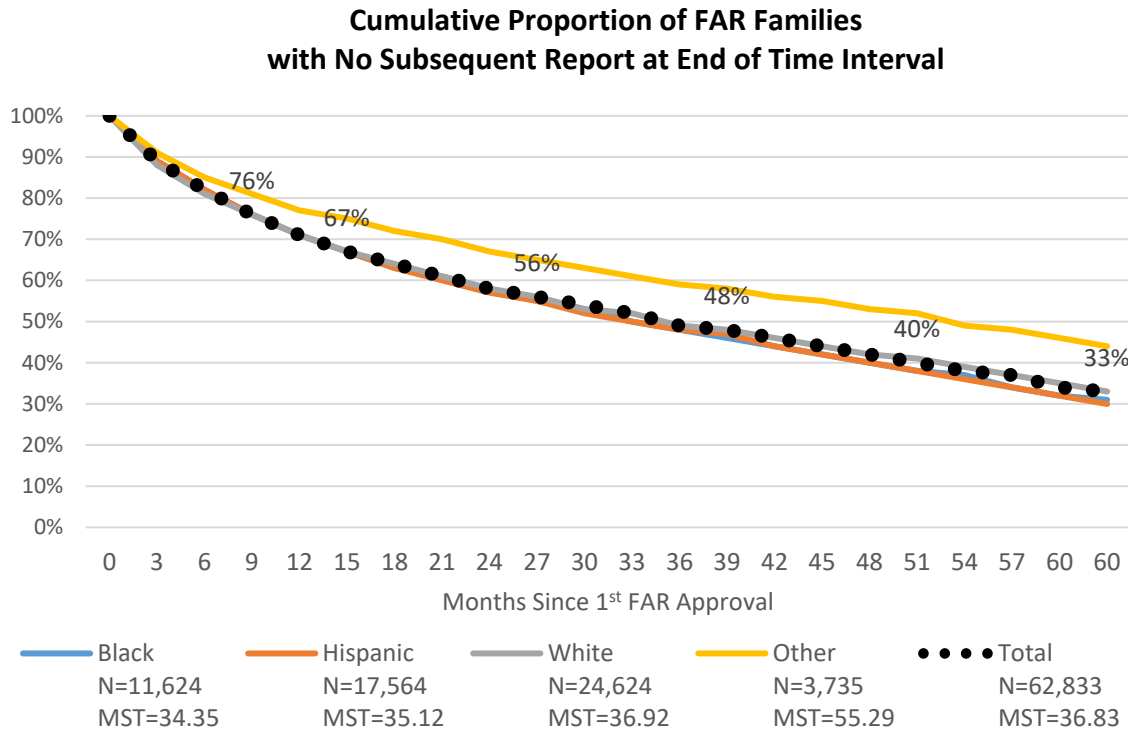


N=14,702 (14,834) families with FAR reports accepted in 2023 – 132 families with missing region information)

Of the FAR families with an accepted FAR report in CY 2023:

- 27.2% had at least one prior CPS report.
- 17.7% had at least one substantiated report prior to their first FAR report.
- 19.5% received a prior report more than 12 months before their first FAR report.

E. (2) Analysis of subsequent reports for FAR families



A statistical technique, Survival Analysis, was conducted using only records assessed using the updated SDM II Risk to determine what proportion of FAR and CSF families had not received any subsequent report in a given time period.

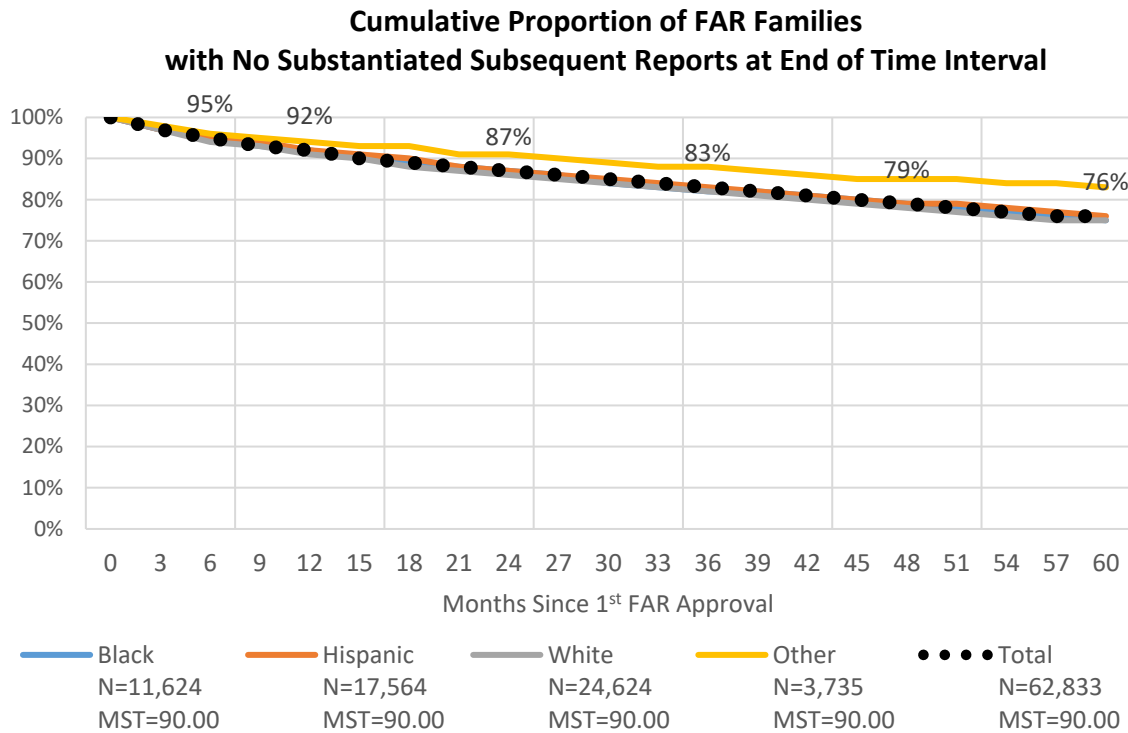
Of FAR families:

- 76% have not received a subsequent report within **6 months** of their first FAR approval date.
- 67% have not received a subsequent report within **12 months** of their first FAR approval date.
- 56% have not received a subsequent report within **two years** of their first FAR approval date.
- 48% have not received a subsequent report within **three years** of their first FAR approval date.
- 40% have not received a subsequent report within **four years** of their first FAR approval date.
- 33% have not received a subsequent report within **five 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 longest survival rate (i.e., period with no subsequent reports) when compared to all other groups (Median Survival Time (MST)=53.21 months compared to 33 to 35 months for other races).

(N=60,531; 5,562 records missing race/ethnicity information)

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



Of FAR Families:

- 95% have not received substantiated subsequent reports within **6 months** after their first FAR approval date.
- 92% have not received substantiated subsequent reports within **12 months** after their first FAR approval date.
- 87% have not received substantiated subsequent reports within **two years** after their first FAR approval date.
- 83% have not received substantiated subsequent reports within **three years** after their first FAR approval date.
- 79% have not received substantiated subsequent reports within **four years** after their first FAR approval date.
- 76% have not received substantiated subsequent reports within **five years** after their first FAR approval date.

Unadjusted survival rates to the first substantiated subsequent report indicate that are statistical differences among race/ethnicity groups: FAR families identified as ‘Other’ had a longer survival rate substantiated subsequent report rate than those identified as White, although the median time to the first substantiated subsequent report was more than 5 years.

(N=60,533; 5,562 missing race/ethnicity)

E. (4) Summary of Findings: Subsequent and Substantiated Subsequent Reports for FAR Families

Using only records assessed using the updated SDM II Risk, those of another race had a slightly lower likelihood of having a subsequent report compared to White/Caucasian after adjusting for significant basic⁴ and individual risk assessment⁵ predictors.

- Basic factors (N=31,447/34,572 with valid data) that play a substantive role in predicting the outcome of subsequent reports within 12 months include:
 - Higher risk category level
 - Multiple reporters (police, health care and other legal/social services/other single reporters were less likely than school reporters to have a subsequent report)
 - Not being in a two-parent family
 - Age of youngest victim is 0-5 years
 - Region*
 - Hispanic families were more likely than White families to have a subsequent report
- An additional survival analysis controlling for individual risk assessment items⁶ (n=31,447/34,572) found increased risk of subsequent report for:
 - Prior reports (any abuse>3+ neglect>1-2 neglect>no priors)
 - Multiple reporters or Anonymous reporter (vs. school reporter)
 - 2+ domestic violence incidents in household in past year
 - Medically fragile child in household
 - Primary caregiver has own child abuse and neglect (CAN) history
 - Youngest child in family is under age 2
 - 4 or more children involved in CAN incident
 - Homeless at time of investigation
 - Primary caregiver has mental health problems
 - Child in family has mental/behavioral health problems
 - Not being in a two-parent family
 - Household has previously received CPS
 - Any caregiver drug problem
 - Hispanic case race

Most FAR families did not have a **substantiated** subsequent report. Using only records assessed using the updated SDM II Risk, there were no significant differences in SSR rates by race group.

Basic factors (N=31,447/34,572 with valid data) that play a substantive role in predicting the outcome of **substantiated** subsequent reports include:

- Higher risk category level
- Multiple reporters, Police, Medical reporter (vs. school reporter)
- Age of youngest victim is 0-5 years
- Not being in a two-parent family
- Region*

⁴ Region, Case Race, Reporter, Overall risk, youngest victim age 0-5m Two-parent family

⁵ Replacing Overall Risk level with the individual risk variables from SDM II.

⁶ Due to missing data the variable for either caregiver having a criminal history was not used in this analysis.

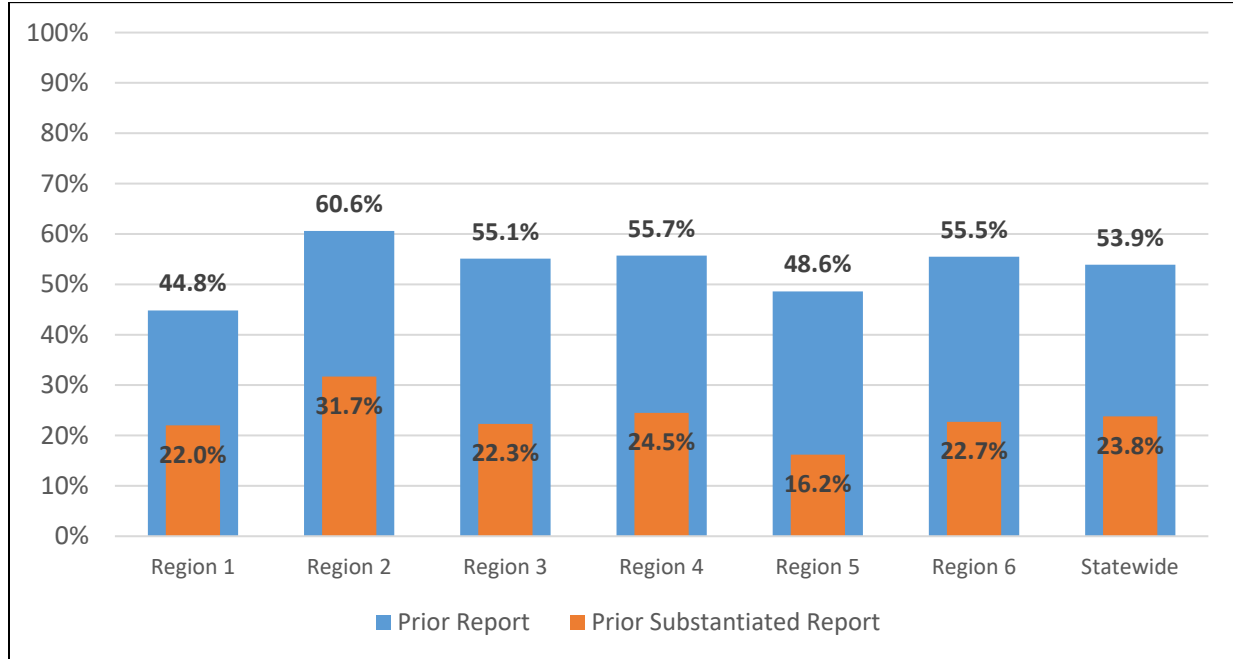
- An additional analysis controlling for individual risk assessment items⁷ found increased risk of subsequent report for:
 - Primary caregiver blames child for the incident
 - 2+ domestic violence incidents in household in past year
 - Youngest child in family is under age 2
 - Prior reports (any abuse>3+ neglect>1-2 neglect>no priors)
 - Homeless at time of investigation
 - Primary caregiver has mental health problems
 - Secondary caregiver was maltreated as a child
 - Either caregiver has an alcohol problem
 - Prior injury to child resulted in CAN
 - Either caregiver has a drug problem
 - Household has previously received CAN
 - Primary caregiver has own CAN history
 - Secondary caregiver maltreated as child
 - Region (6,4,2,3,5 < 1 in ascending order)
 - Not being in a two-parent family

**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.* [OBJ]

⁷ Due to missing data the variable for either caregiver having a criminal history was not used in this analysis.

F. (1) Prior Child Protective Services History for CSF Families Active in CY 2023

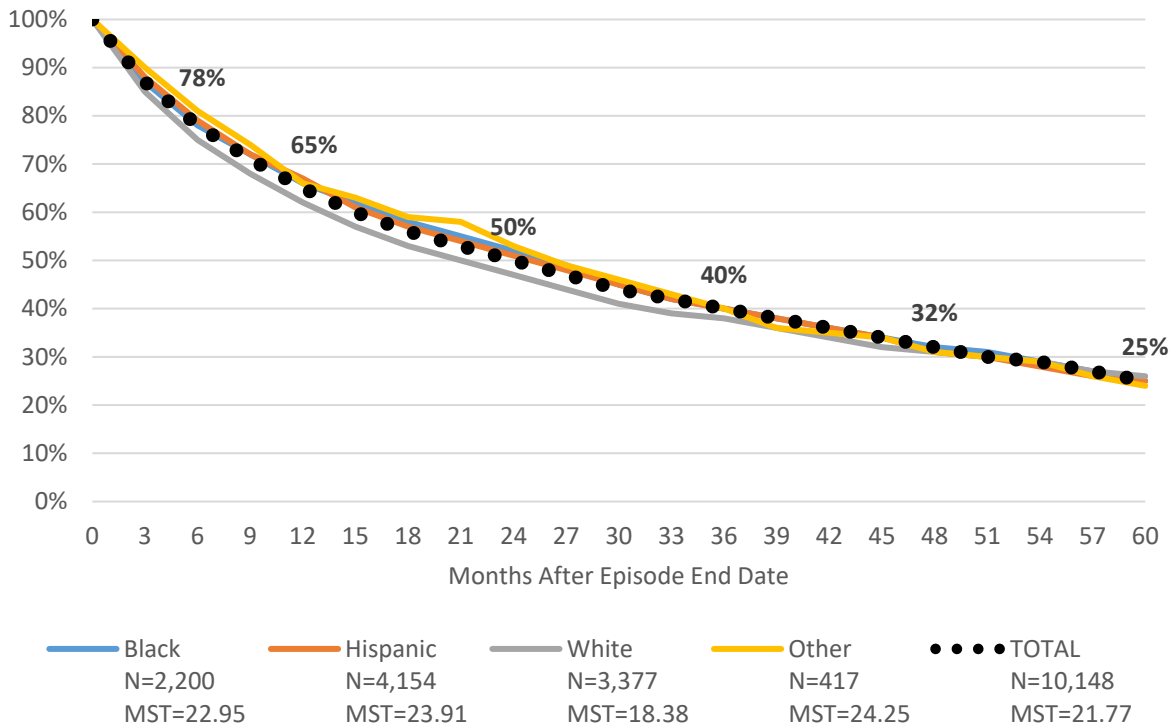
CSF: CPS History and Prior Substantiated Reports by Region



- Of 1,440 CSF families matched in LINK, 53.9% have had 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.

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

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



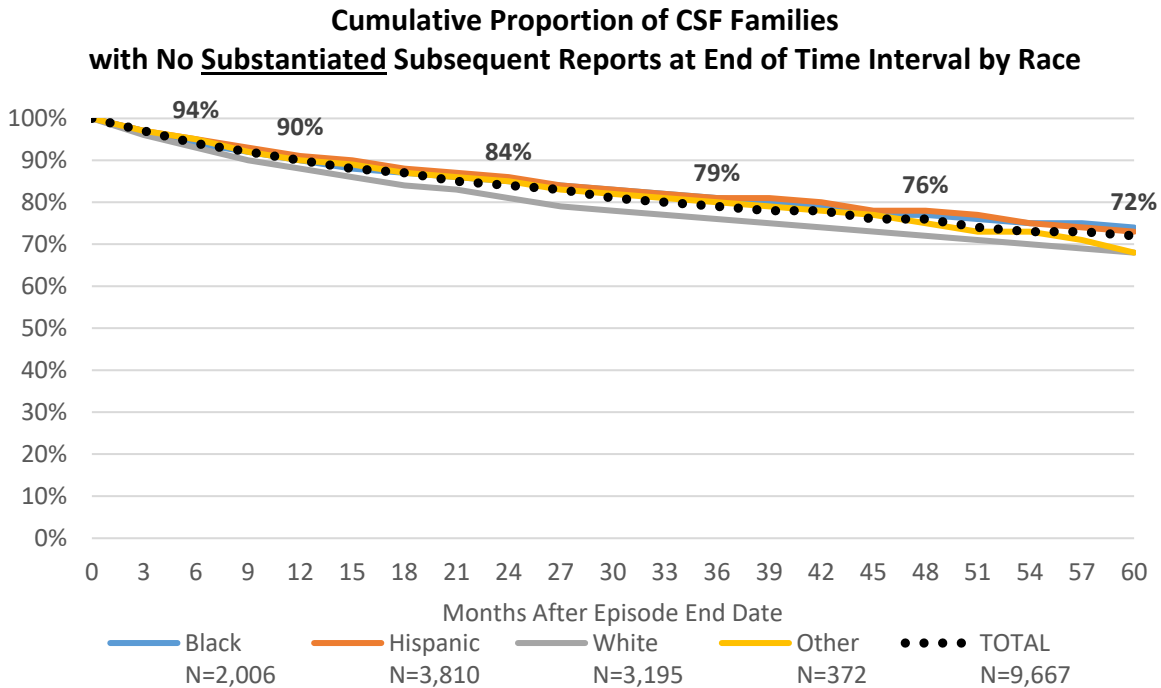
Survival Analyses indicated:

- 78% of CSF families have not received a subsequent report within **6 months** of their CSF episode end date.
- 65% of CSF families have not received a subsequent report within **12 months** of their CSF episode end date.
- 50% of CSF families have not received a subsequent report within **two years** of their CSF episode end date.
- 40% of CSF have not received a subsequent report within **three years** of their CSF episode end date.
- 32% of CSF have not received a subsequent report within **four years** of their CSF episode end date.
- 25% of CSF have not received a subsequent report within **five years** of their CSF episode end date.

There were no statistically significant differences in subsequent report rates between race groups.

(N=10,419, 308 missing race/ethnicity)

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



Survival Analyses indicated:

- 94% of CSF families have not received substantiated subsequent reports within **6 months** of their CSF episode end date.
- 90% of CSF families have not received substantiated subsequent reports within **12 months** of their CSF episode end date.
- 84% of CSF families have not received substantiated subsequent reports within **two years** of their CSF episode end date.
- 79% of CSF families have not received substantiated subsequent reports within **three years** of their CSF episode end date.
- 76% of CSF families have not received substantiated subsequent reports within **four years** of their CSF episode end date.
- 72% of CSF families have not received substantiated subsequent reports within **five years** of their CSF episode end date.

Although the MST was 90 months for all race groups, there were statistically significant differences in substantiated subsequent report rates between Black/African American and White Race groups with Black African Americans (Median survival: 25.8 months) showing a longer time until a subsequent report than Whites (Median survival: 20.9 months).

(N=10,419, 308 missing race/ethnicity)

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

CSF families tend to have a more extensive CPS history than FAR families as would be expected due to the nature of the program.

Using only records for discharged families assessed using the updated SDM II Risk (N=3,193/3,541) and controlling for Region, Reporter, Risk, victim age, and two parent family, families headed by a Black caregiver were less likely to receive a SR than White-headed families. Other Risk factors from this analysis that play a substantive role in predicting the outcome of subsequent reports within 12 months include:

- Higher risk category level
- Race Non-Hispanic Black and Non-Hispanic Other were less likely to have a subsequent report than White families
- Region (Region 1 lowest, Region 6 significantly higher than 1)

An additional analysis controlling for individual risk assessment items (n=3,193/3,541) found that the risk factors that play a substantive role in increasing the likelihood of a substantiated subsequent reports include:

- Having 3+ prior neglect reports
- Having any prior abuse reports
- Having 1 or 2 prior neglect reports
- Child has positive toxicology screen at birth
- Household previously received CPS
- Unemployment at CSF discharge
- Primary CG has own CAN history
- Child in family has mental/behavioral health problems
- Age of youngest child <2
- Race Black non-Hispanic and Other non-Hispanic were less likely to have a substantiated subsequent report than White families

Similarly, most families do not receive a substantiated subsequent report within two years of the end of their CSF episode. Using only records for discharged families assessed using the updated SDM II Risk (N=3,193/3,541) and controlling for Region, Reporter, Risk, victim age, and two parent family, families headed by a Hispanic caregiver or by a Black caregiver were less likely to receive a SSR than White-headed families. Other Risk factors from this analysis that play a substantive role in increasing the likelihood of a substantiated subsequent reports within 12 months include:

- Higher risk category level
- Age of victim is less than two years old.
- Race: Non-Hispanic Black and Hispanic significantly less likely than White families to have an SSR
- Region (Region 6 and 4 have lower SSR rate than Region 1
- Not being reported anonymously

An additional analysis controlling for individual risk assessment items found that the risk factors that play a substantive role in predicting the outcome of substantiated subsequent reports include:

- Child has positive toxicology screen at birth
- Household has previously received CPS
- Either caregiver has an alcohol problem
- Secondary caregiver has a current MH concern
- Being reported by court, social services or other single reporter (v school reporter)
- Age of victim is less than two years old.
- Current complaint is NOT for abuse
- Region

**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 CSF

Top 10 Services Received by CSF Families in CY 2023	
Housing	36.8%
Mental Health (child)	32.2%
Food Assistance	30.3%
Energy Assistance/Utilities	27.6%
Mental Health (parent)	27.1%
Utilization of natural supports	25.5%
Advocacy	24.1%
Recreation	21.4%
Employment services	18.4%
Parenting skills, education, and support	18.3%

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

The Academy for Workforce Development is responsible for the provision of in-service training for Differential Response System staff that includes skill-building techniques to enhance their investigative and assessment skills. The Academy offers a ten-day certificate program for newly assigned DRS Unit staff, as well as those staff interested in pursuing positions in a DRS unit / workgroup. Best practice principles are discussed for both Intake and Family Assessment Response, along with strategies for assessing safety, safety planning, critical thinking, involving families in the assessment of their own needs, and numerous other areas with an emphasis on racial Justice and fatherhood Engagement. All classes are taught by academy staff and adjunct trainers who specialize in certain topic areas.

Components of the Series include a strong emphasis on the following:

- DRS Best Practices
- Legal Issues
- HMO Health
- Drug Endangered Children (DEC) Program & CT Drug Threat
- Substance Misuse
- Minor Sex Trafficking
- Intimate Partner Violence
- Child Sex Abuse/ Minimal Facts for First Responders
- Worker Safety
- Racial Justice
- Special Qualitative Review (SQR) and Fatherhood Engagement

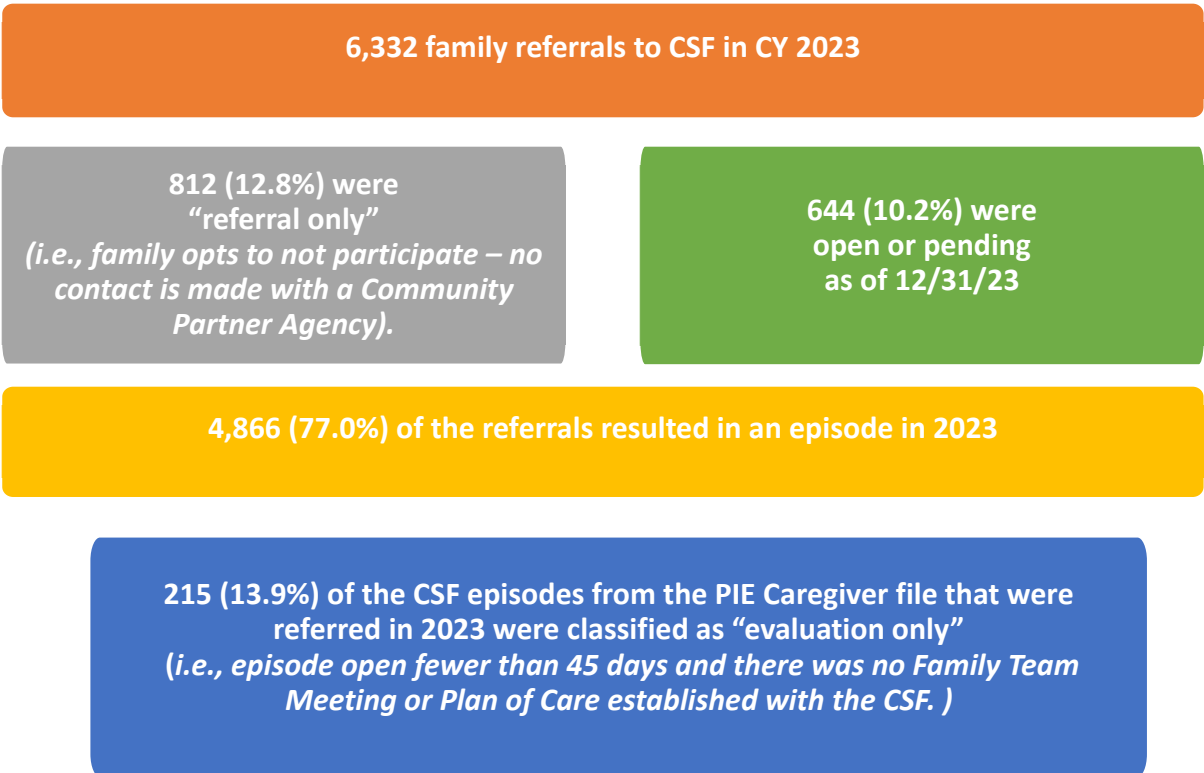
The following Micro Learnings Labs (MLL) were also offered from April 2023 to June 2023.

- SDM Safety Planning: This MLL gives participants an opportunity to practice creating realistic, doable, specific interventions that mitigate immediate safety concerns.
- The C in the ABCD Paradigm: Assessing Young Children: This MLL demonstrate how existing resources and guides can be used to strengthen the assessment and documentation related to safety, attachment, health, and development of children ages 0-5.
- Unasked, Unknown and Assumed: Assessing Safety from the SWS Lens: Supervisors who attend this MLL become more familiar with their supervisory roles and responsibilities as it relates assessing safety. Supervisors will practice guiding staff through assessing safety using the SDM and ABCD Paradigm tools.
- Documentation: Just Enough of The Right Details: This interactive MLL is focused on Intake protocol. Writing tips on creating a clear, concise document with the right details are included in this MLL. Explore how small changes can enhance writing and improve the reader's ability to understand the important aspects of the case.
- Interviewing Children: How Should I Ask That? This MLL focuses on the uniqueness of children when preparing to interview. This MLL will explore how age, development, trauma, and leading questions can imp impact information gathering. Participants will gain concrete guidance on gathering information from children.
- Micro Learning Labs: Supervision in the Virtual Population: Supervisors who attend this MLL review the Four Quadrants of Supervision and be provided resources in how to navigate supervision in the virtual environment.

Some other highlights include:

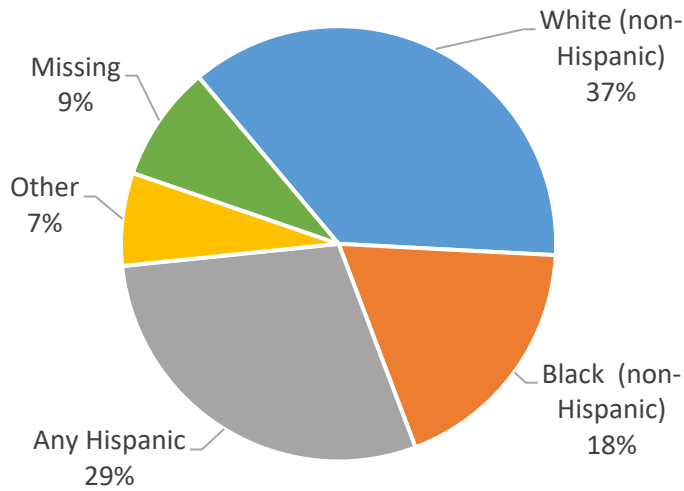
- There were 2 DRS Training sessions held with Intake Social Work Supervisors.
- 4 Cohorts of DRS training has taken place this fiscal year totaling 92 participants.
- 65 People have participated in the Microlearning Labs
- 24 People have participated in the Intake Social Work Supervisor training.

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



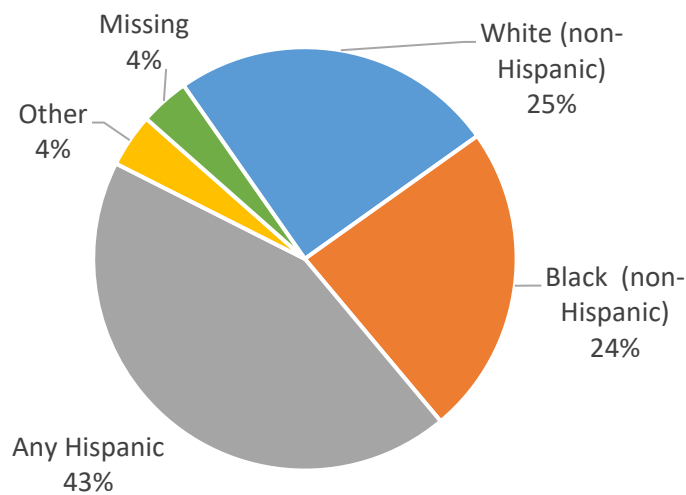
J. Referred Families Who Were Enrolled in the 1) FAR or 2) Community Support for Families Program:

1) FAR: Race/Ethnicity



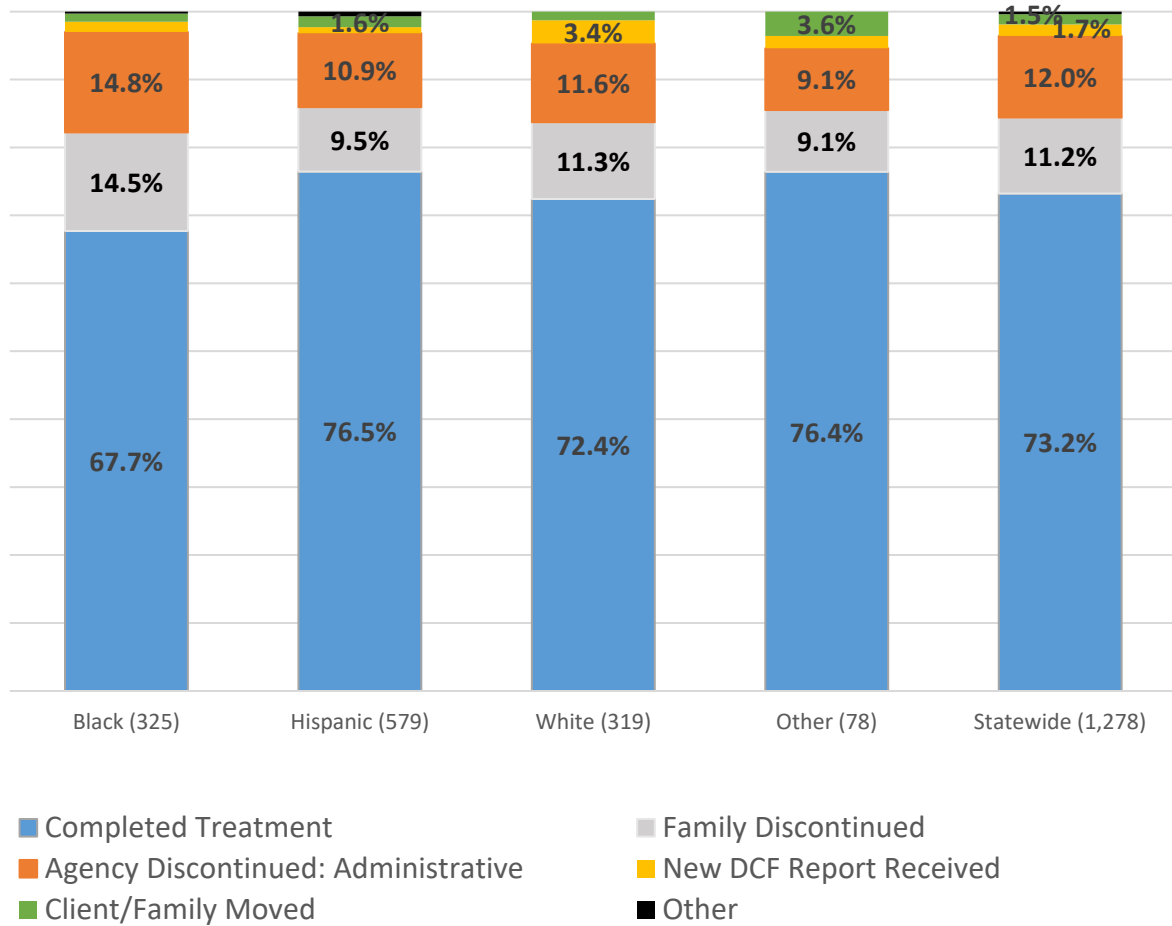
(N=14,834)

2) CSF: Race/Ethnicity



(N=1,914)

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



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

