FY 2025

# 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
October 31, 2025

UCONN
SCHOOL OF SOCIAL WORK
PERFORMANCE IMPROVEMENT CENTER

## DATA DEFINITIONS AND NOTES

## Family Assessment Response (FAR) data:

- LINK/PIE data extract through 06/30/2025
- 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 Reports[1] accepted in Fiscal Year (FY) 2025: 12,278
  - After the data quality validation process, accepted FAR reports in FY 2025 used in analyses: TOTAL =10,569[2]
  - FAR Protocols (i.e., combined reports under a single identification number (DRSID)) accepted in FY 2025: TOTAL =14,005[3]
- Families with FAR reports accepted in FY 2025: 10,087

## Community Supports for Families (CSF) case counts:

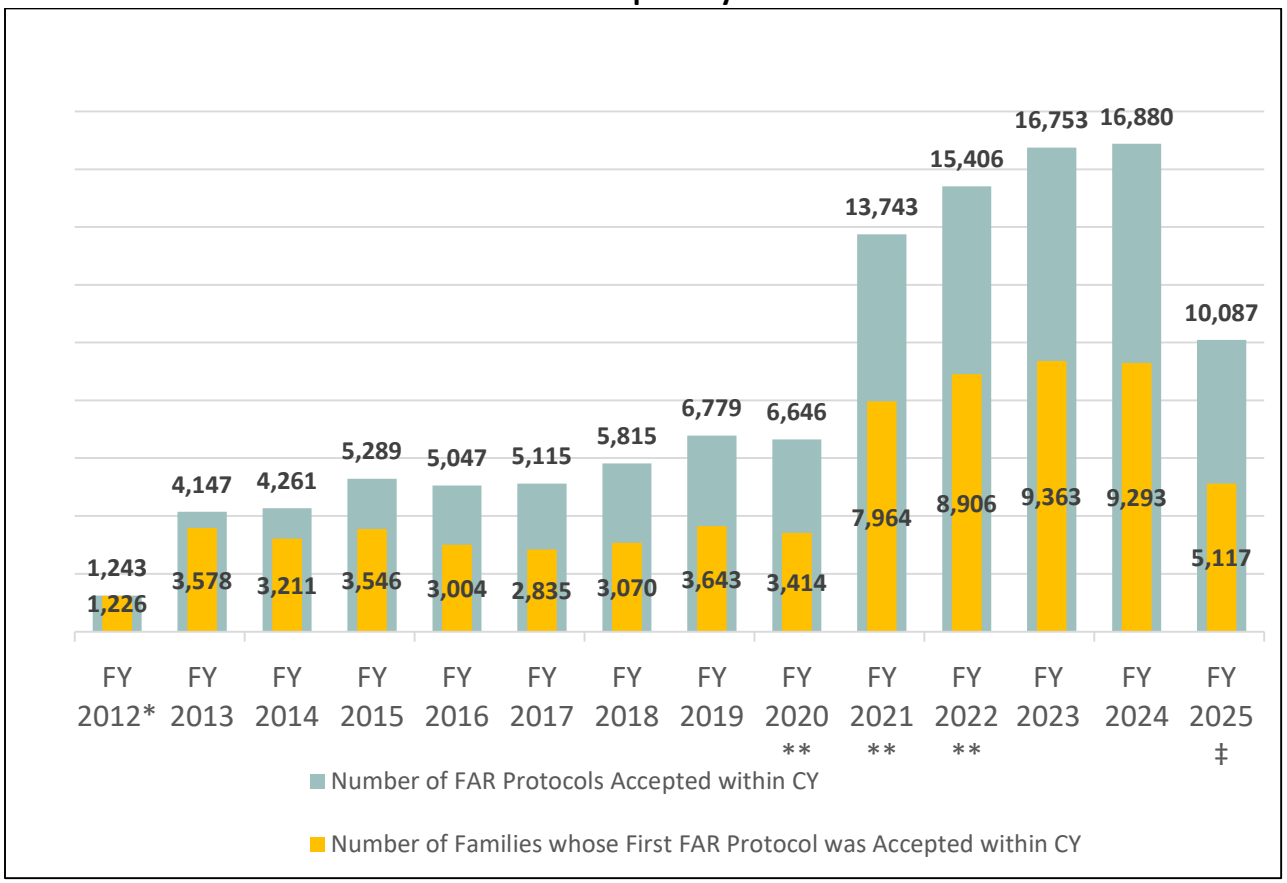
- Families received CSF services (i.e., were active) during FY 2025: PIE: 2,074 (matched to LINK: 1,139)
- CSF episodes discharged in FY 2025: PIE: 1,108 (matched to LINK: 662)

[1] Reports accepted Pre-Attrition

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

[3] Aggregated to Protocol level.

**First FAR Protocols and**
**Total FAR Protocols Accepted by Fiscal Year 2025**




* Not a full year
**Covid19 pandemic peak years
‡New rule implemented in August 2024 requiring families with a child age 0-5 to be assigned to the investigation track.

# 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 FAR.

B. The disposition of families assigned a FAR.

C. Reporter type for cases assigned a FAR.

D. The number and percentage of FAR reports that changed track to investigations.

E. An analysis of the Department's prior/subsequent involvement with a family that has been assigned a FAR.

    1) Prior child protective services history for FAR cases accepted in the fiscal 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., CSF).

    1) Prior child protective services history for CSF cases accepted in the fiscal 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 CSF program.

H. A description of the Department's staff development and training practices relating to intake.

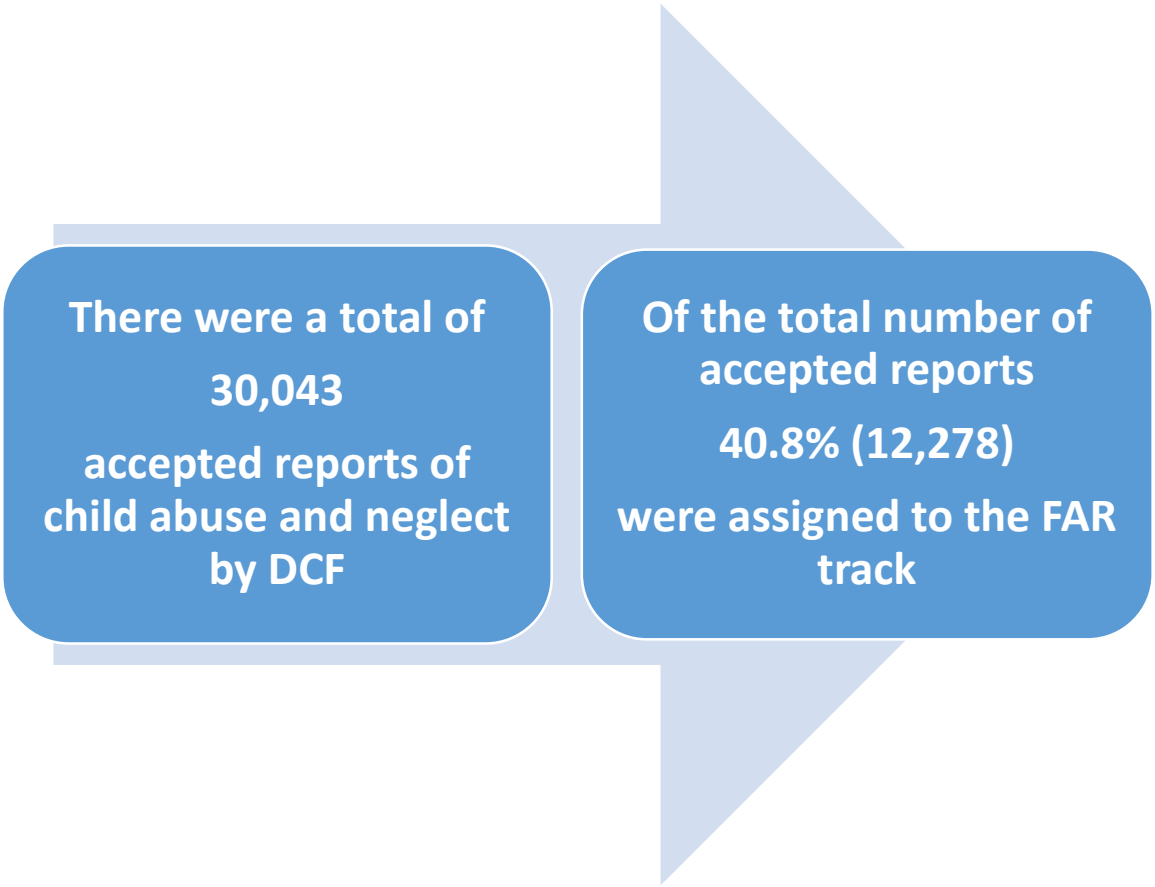
I. The number and percentage of referred families who were ultimately enrolled in the CSF program.

J. The number and percentage of families receiving a FAR by race and ethnicity.

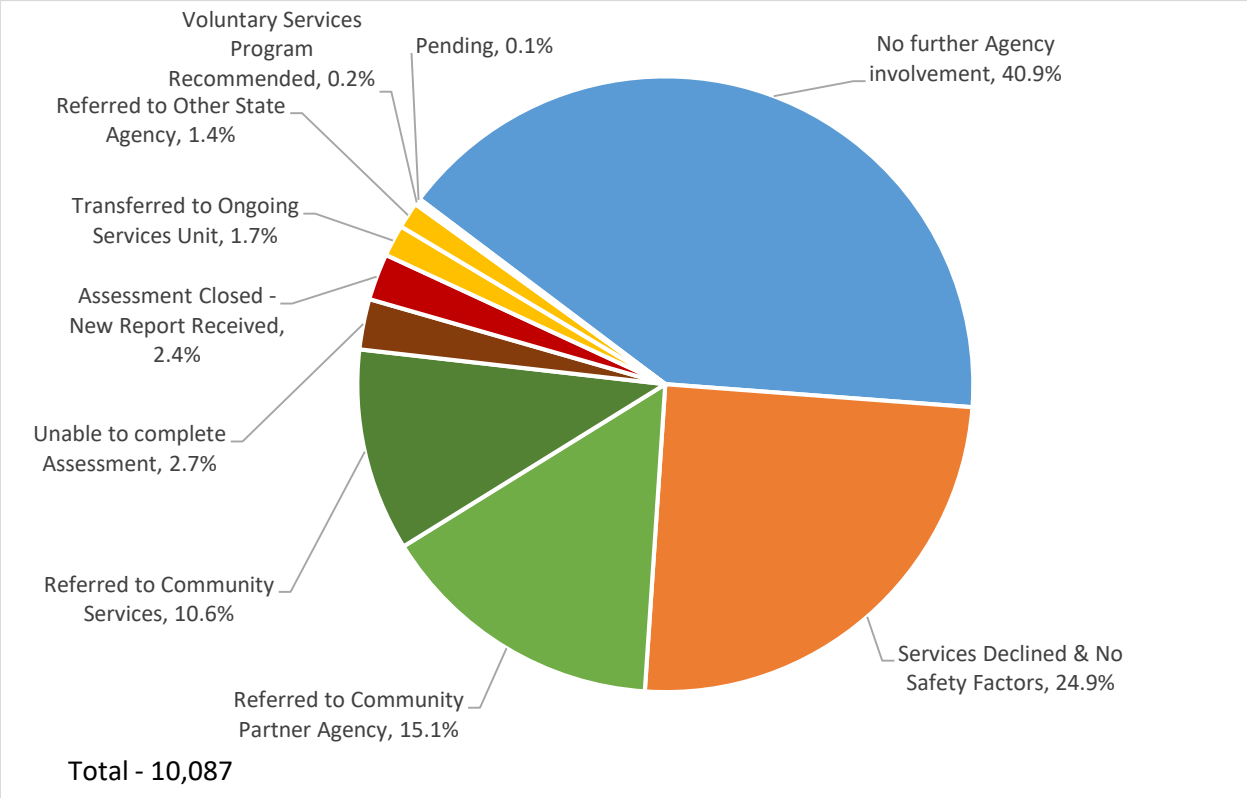
K. The reason for discharge from the CSF program by race and ethnicity.

L. A comparison of the needs identified and the needs addressed for families referred to the CSF program.

**A. The number of accepted protocols of child abuse or neglect, and the percentage of reports assigned to the FAR Track FY 2025**



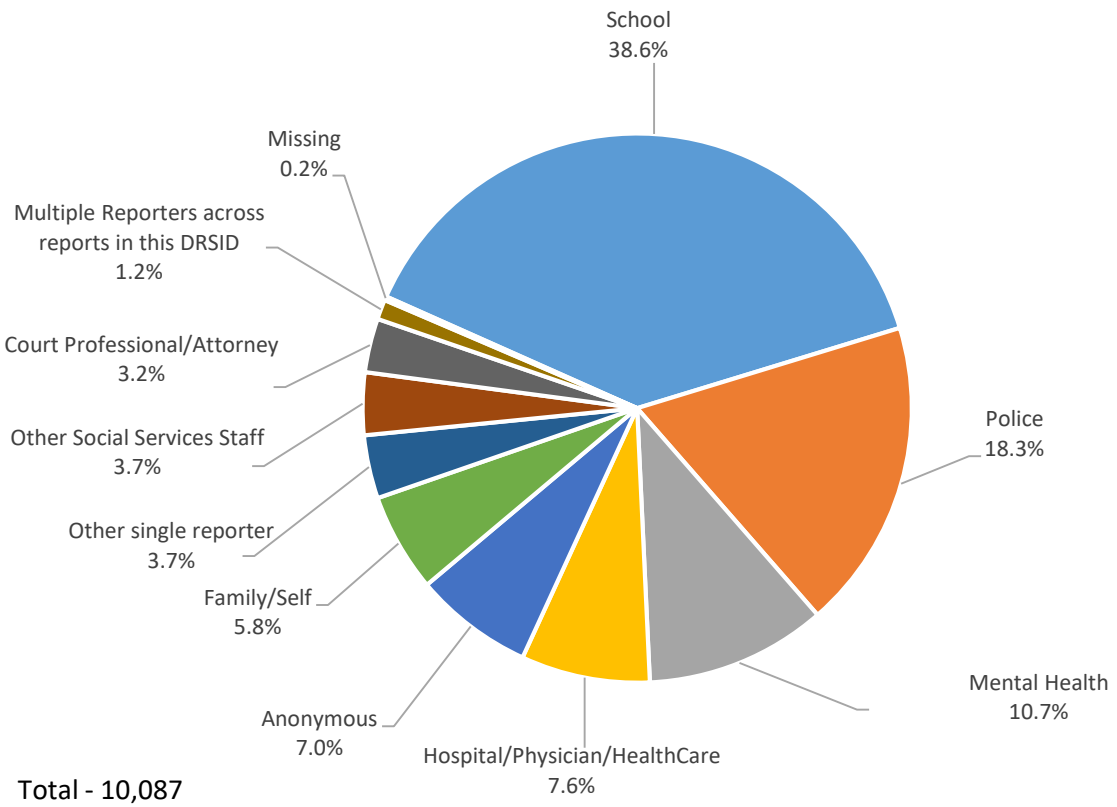
## B. The Disposition of Reports Assigned a Family Assessment Response: FAR Reports for Cases Accepted in FY 2025




The top three dispositions of FAR protocols accepted in FY 2025 were:

1. No further agency involvement (40.9%).
2. Services declined and no safety factors present (24.9%).
3. **Referred to a Community Partner Agency (i.e., Community Support for Families) (15.1%).**

## C. Reporter Type for Reports Assigned a FAR Reports for Cases Accepted in FY 2025

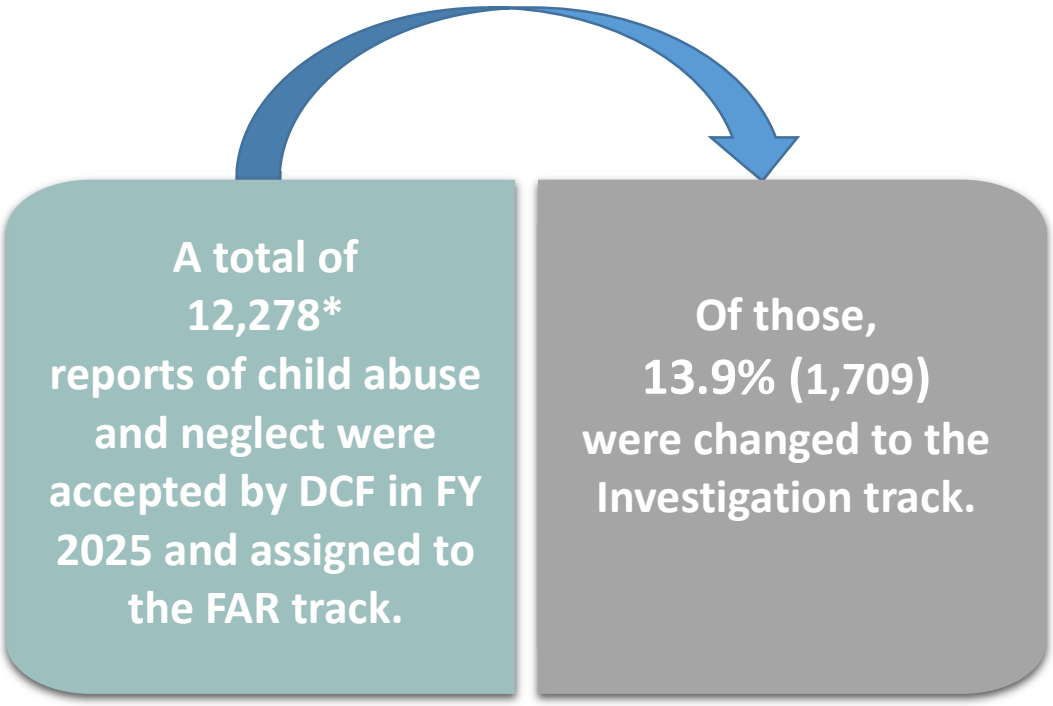



Total - 10,087

The top five reporters of FAR protocols accepted in FY 24 were:

1. Schools (38.6%).
2. Police (18.3%).
3. Mental health provider (10.7%).
4. Hospital/Physician/Health Care worker (7.6%).
5. Anonymous (7.0%).

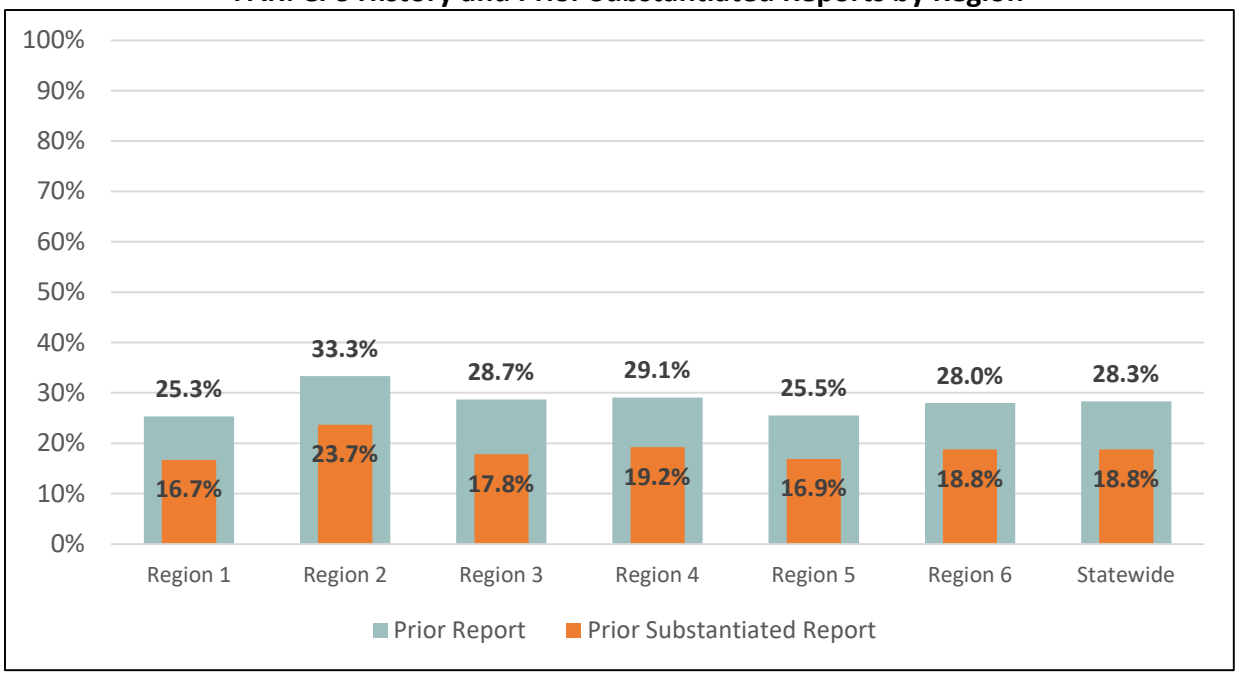
## D. FAR Reports That Changed Track to Investigations FY 2025




** Total FAR protocols accepted in FY 2025: 12,278. After data quality validation process, FAR protocols accepted in FY 2025 used in analyses: Total=10,569.*

## E. (1) Prior Child Protective Services (CPS) History for FAR Families Accepted in FY 2025

**FAR: CPS History and Prior Substantiated Reports by Region**

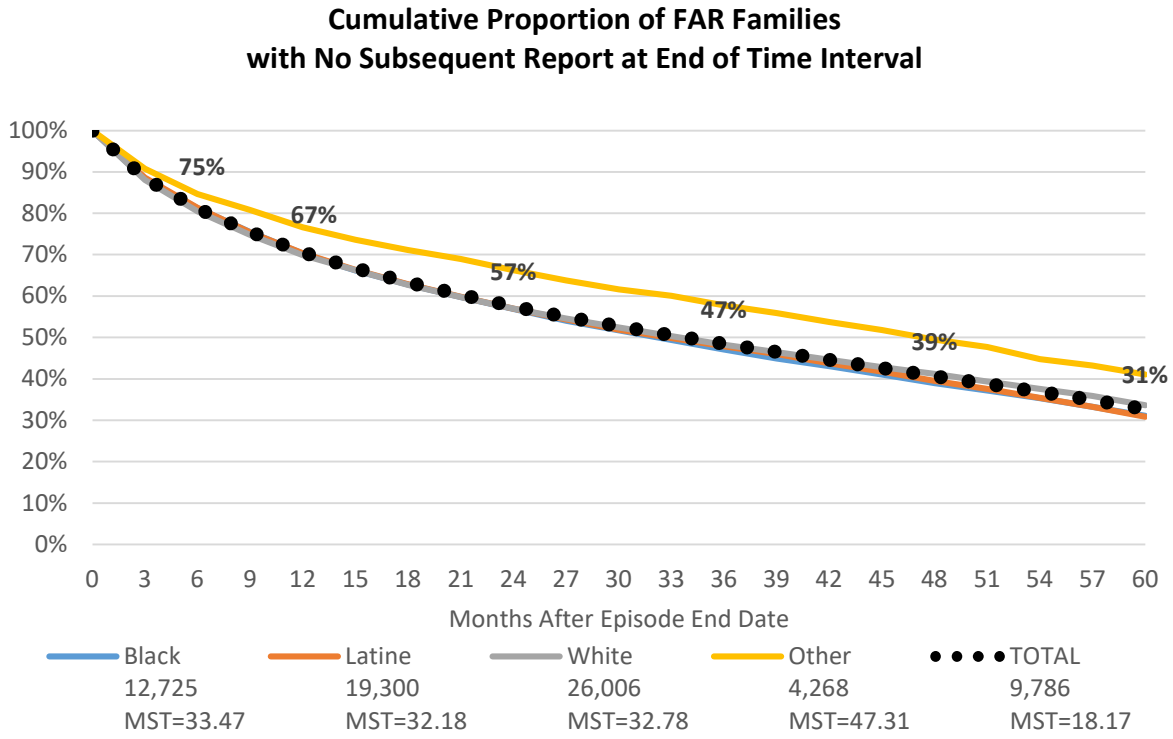



A total of 9,293 families with FAR reports accepted in 2025 (90 families were missing region information).

Of the FAR families with an accepted FAR report in FY 2025:

- 28.3% had at least one prior CPS report.
- 18.8% had at least one substantiated report prior to their first FAR report.
- 20.8% received a prior report more than 12 months before their first FAR report.

## E. (2) Analysis of subsequent reports for FAR families FY 2025




A statistical technique, Survival Analysis, was conducted using only records assessed using the Structured Decision Making (SDM) risk assessment tool administered to families at intake to determine what proportion of FAR and CSF families has not received any subsequent report in each time period.

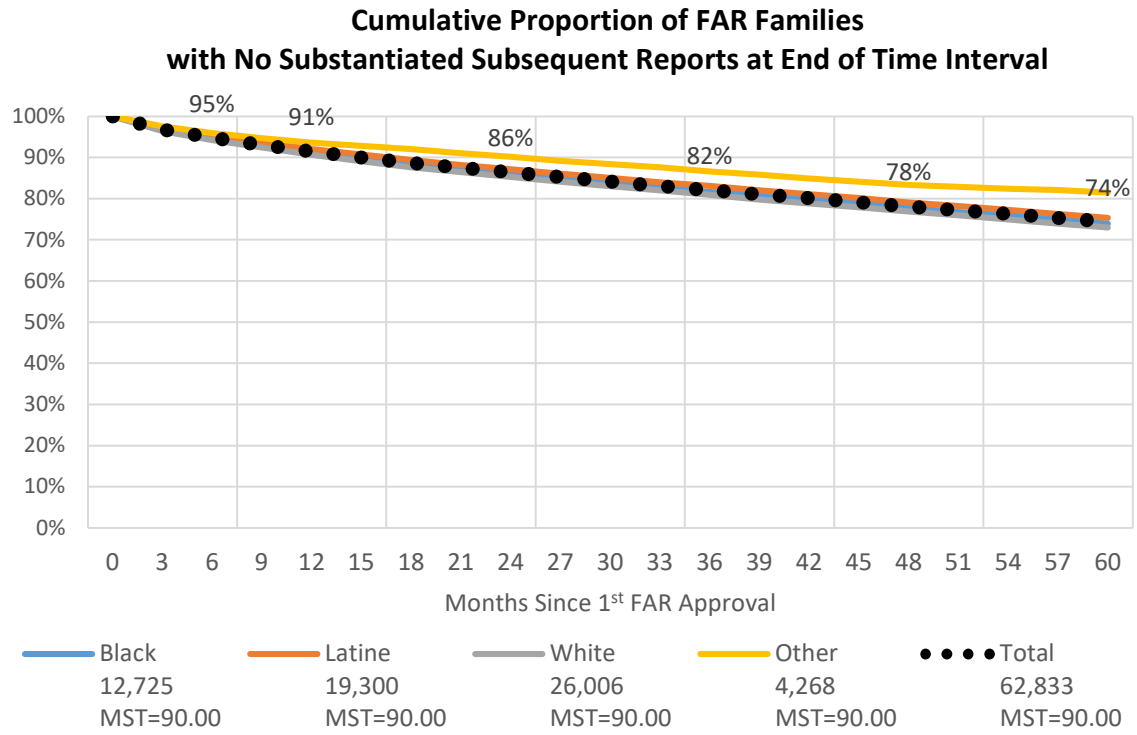
Of FAR families:

- 75% 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.
- 55% have not received a subsequent report within **two years** of their first FAR approval date.
- 47% have not received a subsequent report within **three years** of their first FAR approval date.
- 39% have not received a subsequent report within **four years** of their first FAR approval date.
- 31% 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)=47.9 months compared to 33 months for other races).

(Total= 62,302; 5,868 records missing race/ethnicity information)

## E. (3) Analysis of Substantiated Subsequent Reports for FAR Families FY 2025




Of FAR Families:

- 95% have not received substantiated subsequent reports within **6 months** after their first FAR approval date.
- 91% have not received substantiated subsequent reports within **12 months** after their first FAR approval date.
- 86% have not received substantiated subsequent reports within **two years** after their first FAR approval date.
- 82% have not received substantiated subsequent reports within **three years** after their first FAR approval date.
- 78% have not received substantiated subsequent reports within **four years** after their first FAR approval date.
- 74% have not received substantiated subsequent reports within **five years** after their first FAR approval date.

The median time to the first substantiated subsequent report was more than 5 years for all race groups.

Total= 62,302; 5,868 records missing race/ethnicity information)

## E. (4) Summary of Findings: Subsequent and Substantiated Subsequent Reports for FAR Families FY 2025

Using only records assessed using the updated SDM II Risk, those of another race or missing race data had a slightly lower likelihood of having a subsequent report compared to White/Caucasian after adjusting for significant basic[4] and individual risk assessment[5] predictors.

- Basic factors (38,875/42,160 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 (mental health care reporters were less likely than school reporters to have a subsequent report).
    - Not being in a two-parent family.
    - Region*.
    - Latine or Other race families were less likely than White families to have a subsequent report.
    - The age of the youngest victim is 0-5 years.
- An additional survival analysis controlling for individual risk assessment items[6] (40,734/41,247) found increased risk of subsequent report for:
    - Multiple reporters (or Anonymous reporters vs. school reporters).
    - Prior reports (any abuse (48.3%) > 3+ neglect (46.2%) > 1-2 neglect (35.9%) v no priors).
    - 2+ domestic violence incidents in household in past year (37.3%).
    - Primary caregiver blames child for the incident.
    - Primary caregiver has own child abuse and neglect (CAN) history.
    - Child in family has mental/behavioral health problems.
    - The youngest child in the family is under age 2.
    - Primary caregiver has mental health problems.
    - Homeless at time of investigation.
    - Medically fragile child in household.
    - 4 or more children involved in CAN incident .
    - Primary caregiver has alcohol or drug concerns.
    - Household has previously received CPS.
    - Secondary caregiver maltreated as a child.
    - Child in family has a developmental disability.
    - Not being in a two-parent family.
    - School reporters vs. Police or Other (court, social services, other individual, etc.).
    - Latine case race (v. White).

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 substantiated subsequent report rates by race group.

[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.

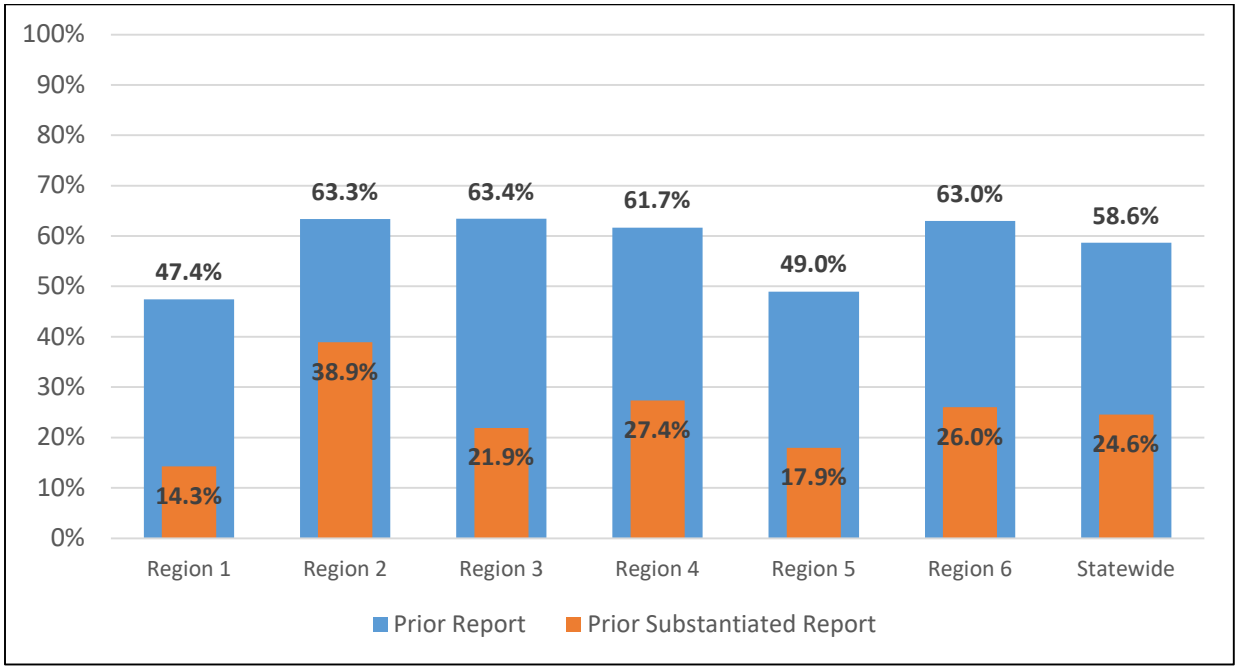
- Basic factors (38,875/42,160 with valid data) that play a substantive role in predicting the outcome of **substantiated** subsequent reports include:
    - Higher risk category level.
    - Multiple reporters (vs. school reporter).
    - The age of youngest victim is 0-5 years.
    - Not being in a two-parent family.
    - School reporter (v. Mental health reporter).
    - Region*.
- An additional analysis controlling for individual risk assessment items[7] found increased risk of subsequent report for:
    - Multiple reporters.
    - Prior reports (3+ neglect> any abuse>1-2 neglect vs no priors).
    - The youngest child in the family is under age 2.
    - 2+ domestic violence incidents in household in past year.
    - Primary caregiver blames the child for the incident.
    - Primary caregiver has alcohol or drug concerns.
    - Homeless at time of investigation.
    - Primary caregiver has mental health problems.
    - Primary caregiver has own CAN history.
    - Secondary caregiver maltreated as a child.
    - Current complaint is for neglect.
    - Household has previously received CAN.
    - Not being in a two-parent family.
    - Region*.

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

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

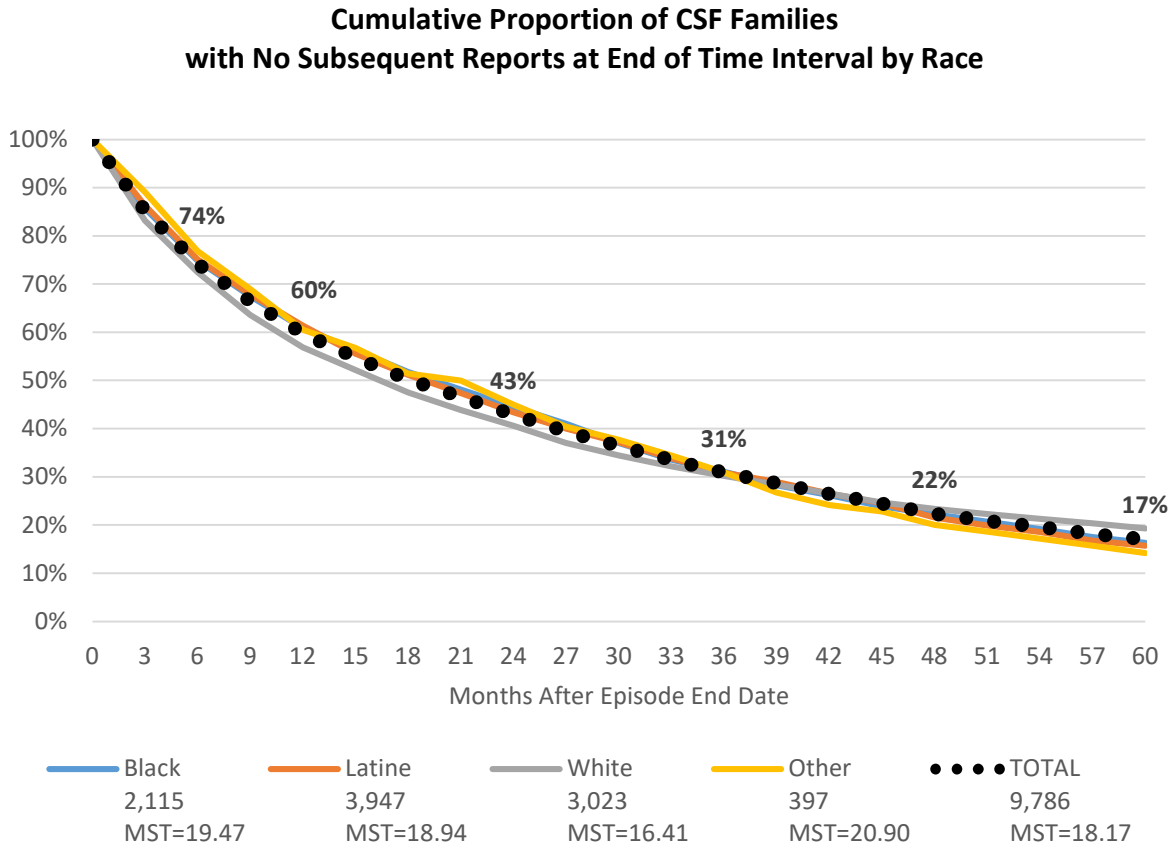
## F. (1) Prior CPS History for CSF Families Active in FY 2025

**CSF: CPS History and Prior Substantiated Reports by Region**




- Of 1,059 CSF families matched in LINK, 58.6% 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 (61.2%).

## F. (2) Analysis of Subsequent Reports for CSF Families for FY 2025

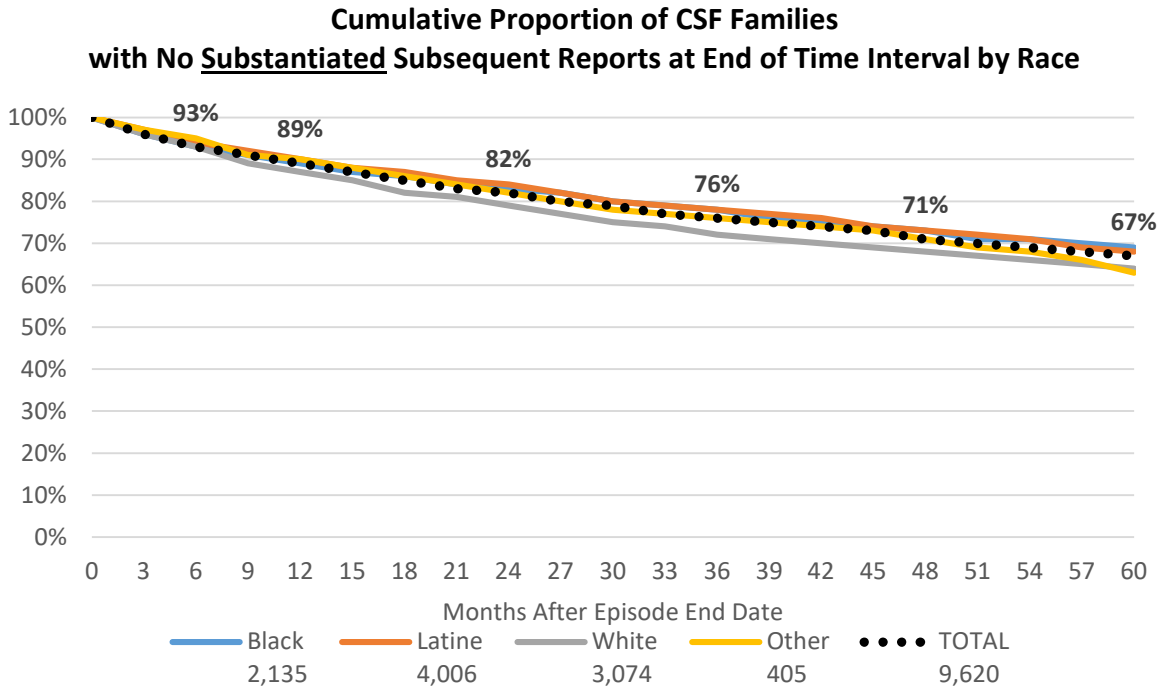



Survival Analyses indicated:

- 74% of CSF families have <u>not</u> received a subsequent report within **<u>6 months</u>** of their CSF episode end date.
- 60% of CSF families have <u>not</u> received a subsequent report within **<u>12 months</u>** of their CSF episode end date.
- 43% of CSF families have <u>not</u> received a subsequent report within **<u>two years</u>** of their CSF episode end date.
- 31% of CSF have <u>not</u> received a subsequent report within **<u>three years</u>** of their CSF episode end date.
- 22% of CSF have <u>not</u> received a subsequent report within **<u>four years</u>** of their CSF episode end date.
- 17% of CSF have <u>not</u> received a subsequent report within **<u>five years</u>** of their CSF episode end date.

(Total = 9,620, 321 missing race/ethnicity)

## F. (3) Analysis of Substantiated Subsequent Reports for CSF Families for FY 2025




Survival Analyses indicated:

- 93% of CSF families have not received substantiated subsequent reports within **6 months** of their CSF episode end date.
- 89% of CSF families have not received substantiated subsequent reports within **12 months** of their CSF episode end date.
- 82% of CSF families have not received substantiated subsequent reports within **two years** of their CSF episode end date.
- 76% of CSF families have not received substantiated subsequent reports within **three years** of their CSF episode end date.
- 71% of CSF families have not received substantiated subsequent reports within **four years** of their CSF episode end date.
- 67% of CSF families have not received substantiated subsequent reports within **five years** of their CSF episode end date.

The MST was 90 months for all race groups. There were **no** statistically significant differences in subsequent **substantiated** report rates between race groups.

(Total= 9,620, 321 missing race/ethnicity)

## F. (4) Summary of Findings: Subsequent and Substantiated Subsequent Reports for CSF Families (FY 2025)

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 (4,550 (total)/ 4,375 (used in analysis)) and controlling for Region, Reporter, Risk, victim age, and two parent family, families headed by a Black or Latine caregiver were slightly, but significantly, less likely to receive a SR than White-headed families. Multiple reporters, while not statistically significant, were 68.0% more likely than school reporters to receive a SR. Other Risk factors from this analysis that play a substantive role in predicting the outcome of subsequent reports within 12 months after the episode end date include:

- Higher risk category level.
- Race Non-Latine Black and Latine families were slightly less likely to have a subsequent report than White families.
- Region (Region 1 lowest, Regions 2 and 6 significantly higher than 1).

An additional analysis controlling for individual risk assessment items (TOTAL =4,148 (total)/3,988 (used in analysis)) found that the risk factors that play a substantive role in increasing the likelihood of a subsequent reports include:

- Having any prior abuse reports.
- Having 1 or 2 prior neglect reports.
- Having 3+ prior neglect reports.
- Four or more children involved in the report.
- Child in family has mental health/behavioral health problems.
- Primary caregiver has own CAN history.
- Age of the youngest child is under 2.
- Household has previously received CPS.
- Unemployed at discharge.
- Primary caregiver has any alcohol or drug concern.
- Primary caregiver has mental health concern.

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 (TOTAL =4,550 (total)/ 4,375 (used in analysis)) and controlling for Region, Reporter, Risk, victim age, and two parent family, families headed by a Latine 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 after the episode end date include:

- Higher risk category level.
- Age of the youngest victim is less than six years old (age 0-5).
- Race: Non-Latine Black and Latine significantly less likely than White families to have an SSR.
- Region (Region 6 has lower SSR rate than Region 1.

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.
- Age of youngest victim is less than two years old.
- Prior investigations (Any abuse > 1-2 neglect > 3+ neglect vs no priors).
- Primary CG has any alcohol or drug concern.
- Primary CG has mental health concern.
- Primary CG has own CAN history.
- Unemployed at discharge.

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

## G. Services Commonly Provided to Families Referred to CSF (FY 2025)

| Top 10 Services Received by CSF Families in FY 2025 | |
|---|---|
| Housing | 40.8% |
| Food Assistance | 37.3% |
| Mental Health (child) | 27.3% |
| Utilization of natural supports | 26.2% |
| Employment services | 25.0% |
| Energy Assistance/Utilities | 24.7% |
| Mental Health (parent) | 23.9% |
| Educational training/services/support | 22.3% |
| Advocacy | 20.2% |
| Recreation | 17.7% |

## 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 (DRS) 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 FAR, 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
- Health Maintenance Organizations (HMO)
- 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 June 2024 to March 2025:

- Structured Decision Making (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 impact information gathering. Participants will gain concrete guidance on gathering information from children.

- The Process Following a Removal: Steps to do after a 96HH/OTC: This MLL will provide concreate steps for social workers to complete following a removal. When the next steps are completed accurately, they can contribute to the safety for both DCF staff and the child. In addition, it provides transparency of what to expect to the parents and caregivers.

Some other highlights include:

- 5 Cohorts of DRS training has taken place this fiscal year totaling 108 participants.
- 15 People have participated in the Intake Social Work Supervisor training.

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

**2,130 family referrals to CSF in FY 2025**

**233 (10.5%) were "referral only"**
***(i.e., family opts to not participate – no contact is made with a Community Partner Agency)***

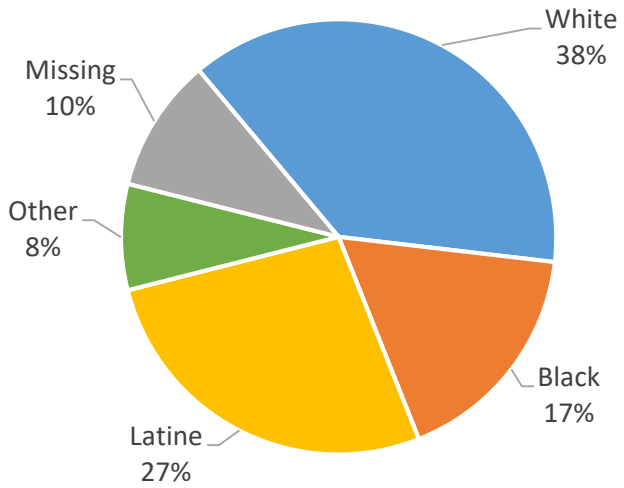
**127 (6.0%) were open and 141 (6.6%) were pending as of 06/01/25**

**1,780 (83.6%) of the referrals resulted in an episode in FY 2025**

**61 (11.7%) of the CSF episodes from the PIE Caregiver file that were referred in FY 2025 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)***

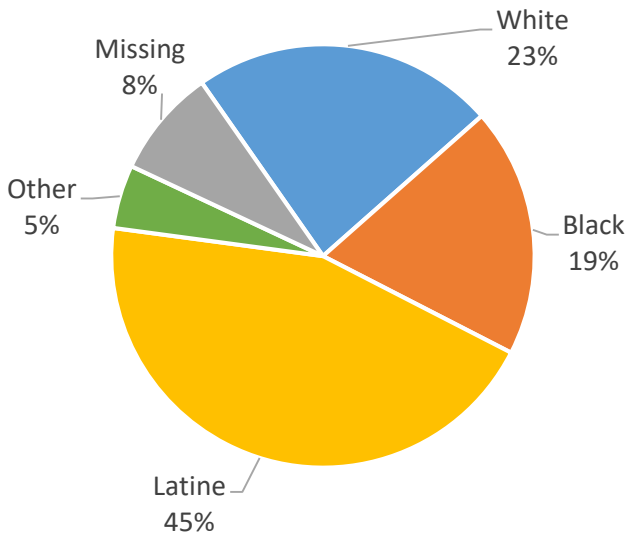
## J. Referred Families Who Were Enrolled in the 1) FAR or 2) CSF Program: (FY 2025)

### 1) FAR: Race/Ethnicity



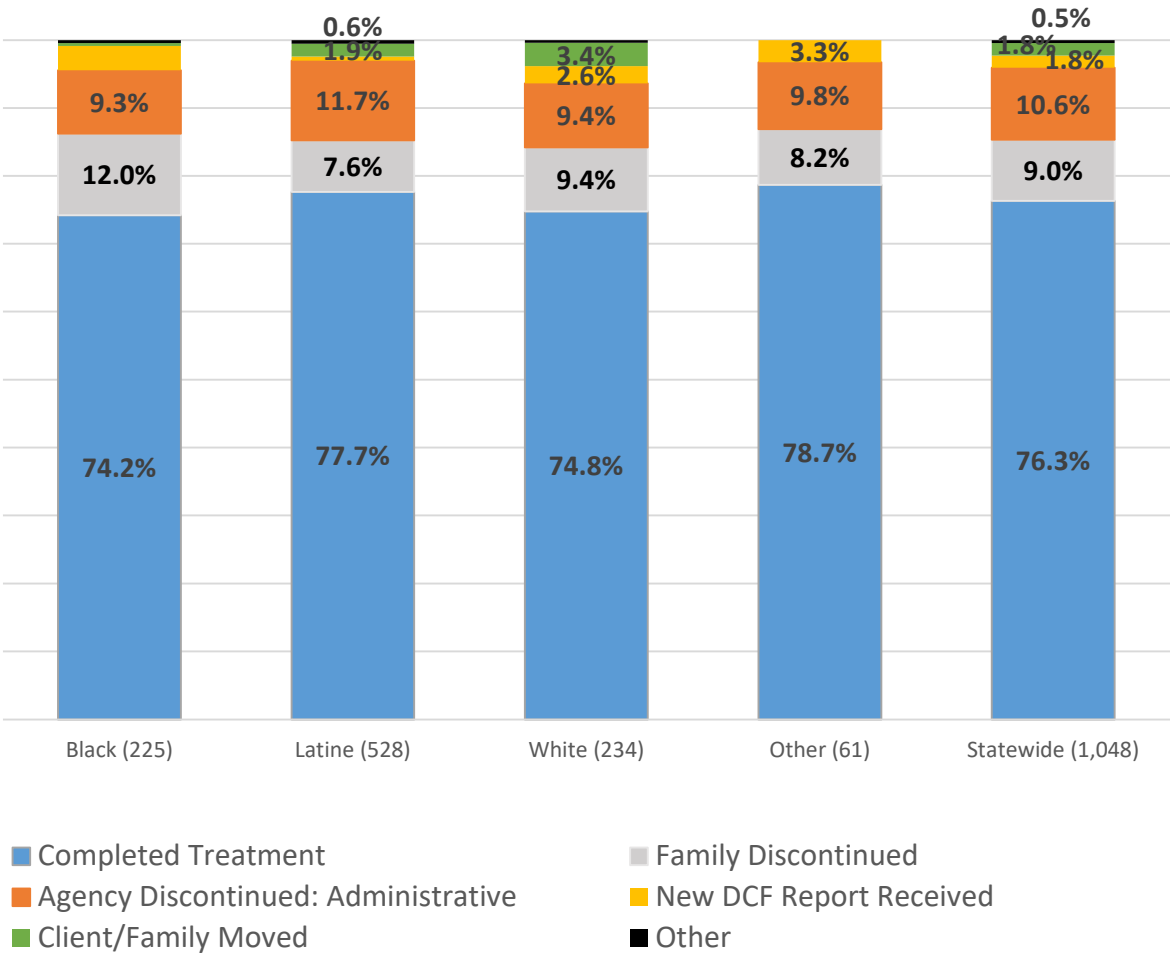

(Total = 9,293)

### 2) CSF: Race/Ethnicity




(Total=1,660)

## K. Reason for Discharge from the CSF Program by Race and Ethnicity (FY 2025)



## L. Comparison of the Needs Identified, and the Needs Addressed for Families Referred to the CSF Program (FY 2025)