

Statement Regarding Finding Number 4 of OCA's Child Fatality Investigative Report on the death of Londyn Sack, Originally Issued December 22, 2015.

Since issuing an investigative report on December 22, 2015 regarding the tragic death of 2 year old Londyn Sack, the Office of the Child Advocate has received several questions regarding how a high risk family slipped through the safety net in the months and weeks leading to Londyn's death. OCA's report emphasized the importance of DCF's *assessment* process for identifying children most at risk of harm and determining what services and interventions will reduce risk, protect children and, where possible, maintain intact families. The questions recently raised with OCA sought to better appreciate the role of DCF versus the role of the DCF-contracted Community Partner Agency that provides services to a proportion of families assigned by DCF to the state's lower-risk Family Assessment Response track. OCA offers the following analysis to add further clarity to a relevant finding from the original report.

FINDING 4 (PAGE 21 OF ORIGINAL REPORT)

Original Title of Finding:

Community Service Plan for Family Not Adequate to Address Caregiver Needs and Children's Safety

Clarifying Title of Finding:

The Community Partner Agency Working with Londyn's Family Did Not Receive Necessary Information from DCF to know the Extent of the Family's Needs and Risks

As described elsewhere in OCA's report, calls of suspected abuse or neglect are made to the DCF Careline. The Careline speaks with the caller and accepts for further review those reports that allege facts rising to the level of abuse or neglect as defined by state law. The Careline gives the report to the local DCF intake unit with a preliminary track designation of Family Assessment Response (lower risk) or Investigations. The intake unit at the local DCF office, regardless of track designation, conducts an assessment of the matter which may take up to 45 days to complete. The local DCF team will seek to identify any risk and safety concerns as well as subsistence and behavioral health needs in the family. Pursuant to agency protocols, DCF may decide to switch a family from the FAR track to the Investigations (traditional Child Protective Services) track if safety or risk factors so warrant. Families who remain on the FAR track may be referred, *after DCF's assessment*, to the DCF-contracted Community Partner Agency for additional support. After a referral to the Community Partner Agency and at the end of the assessment period, DCF will typically close the family's case. Cases on the Investigations Track may also be closed at the end of the assessment period, or can be kept open for ongoing DCF supervision and case management, with or without an accompanying petition to the Juvenile Court.

In Londyn's case, the Community Partner Agency with which DCF contracted to provide services did not have the necessary information and assessment from DCF to know the extent of the family's needs and risk. By contract, the role of the CPA is to engage families and connect them to resources and services in their community. The CPA develops a Plan of Care for the family, focusing on the needs identified by the family. The CPA is not, however, funded to provide clinical case management and the CPA is not contracted to conduct ongoing risk and safety assessments.

Additionally, absent a new allegation or concern of child abuse or neglect, the voluntary nature of the FAR program means that the CPA is not expected or required to report on the family's level of participation.

Accordingly, though Londyn's mother's history included significant child welfare and behavioral health concerns, the referral from DCF to the Community Partner Agency emphasized the mother's need for basic assistance with child care, housing and financial support. The case plans developed with the CPA sought to enroll the mother in outpatient counseling as well.

It is important to note that DCF has also maintained that an appropriate assessment of Londyn's family would have resulted in the case *not* being referred to the Community Partner Agency, but rather staying on the traditional child protective services track. This is because the CPA program was created for lower risk families and *not designed* for families presenting with significant child welfare concerns. With thorough investigation and assessment, DCF should have been able to address Lyndon's mother's needs which included persistent child welfare involvement, suicidality, and a need for intensive trauma-informed interventions. There are, however, many lower-risk families who will benefit from connection to the CPA, and OCA supports the continuation of this connection.

The state will need to determine whether caregivers that present with *elevated* risk factors entwined with behavioral health concerns should be referred to Community Partner Agencies and *away* from ongoing DCF supervision. Authors strongly contend that available data on FAR demonstrates that some families with complex needs and histories of child welfare concerns *have been moved along the FAR track*. If this trend continues, then the role of the Community Partner Agency may have to be to provide a comprehensive *clinical* assessment and evaluation to more fully inform a family's service plan. Additionally, DCF may have to reconsider the voluntary nature of participation in the program for families with elevated risk factors and reevaluate the anticipated length of service. There may have to be a protocol that will allow the Community Partner Agency to report back to DCF when families with elevated risk factors are not engaging in services or following through with the service plan identified by DCF at referral.

DCF and its stakeholders may also conclude that while the philosophy of the FAR framework is appropriate, and the work of the CPA invaluable for child maltreatment prevention, that the assignment of families with significant risk factors to the Community Partner Agencies should be avoided, and that such families must remain with DCF for ongoing supervision and intervention. Limiting the assignment of higher risk families to the FAR track itself will permit remaining families' engagement to be voluntary, a foundational principle of the program.

As outlined at length in OCA's report, ongoing evaluation of the efficacy of FAR for families of *all risk levels* is imperative and should include annual reports to the legislature as well as review of the state's progress with FAR by a multi-disciplinary implementation group.