

## MEMO

**To: Our Mandated Reporter Partners**

**From: Joette Katz, Commissioner, Department of Children and Families**

**Date: February 27, 2012**

**Subject: Transforming the response to reports of abuse and neglect**

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The community of professionals who are mandated reporters under Connecticut law truly represents our partners in the work of enhancing the holistic well-being of our state's children. It is in that spirit of partnership that I write you today to inform you of a major reform in how the Department of Children and Families will respond to reports of abuse and neglect in families that are not at high risk and whose children are safe.

This fundamental reform will impact the way approximately 40 percent of reports to the Department Careline (formerly known as the Hotline) are handled. Instead of the traditionally-used, adversarial, forensic-style investigation, Department staff will engage families in an assessment that can lead to community services identified by the families themselves. The reform, known nationally as a Differential Response System (DRS), is designed to improve participation by families in their own case plans and treatment. Approximately 30 jurisdictions around the country have implemented DRS. Studies show a number of improved outcomes under DRS, including lower rates of repeat maltreatment, fewer child removals and greater family satisfaction. Studies show that child safety is not compromised as a result.

In Connecticut, DRS will start statewide on March 5. This comes as DCF implements a new Strengthening Families Practice Model for all its work built around gaining family participation in social worker visits, safety, risk and family assessments, case planning and individualized services. DRS fits squarely within this new practice model.

Experience and research indicate that the quality of family participation is the single most important factor in the success of our work. Differential Response and the Strengthening Families Practice Model promise to fundamentally improve how we engage families to take control of their own treatment and their own lives. These reforms are coming on the heels of other recent changes also designed to improve our work with families, including making announced visits when possible, placing more children with relatives if they must enter care, and reducing the use of congregate care, especially for younger children.

These changes already have helped produce improvements, for example:

- The percentage of children placed with relatives when initially entering care in 2011 rose to 24 percent compared to 14 percent the year before. The percentage

of children overall placed with relatives has risen to 19.8 percent in January 2011 compared to 15.3 percent in January 2011.

- The number of children in an out-of-state placement fell to 216 on January 1, 2012 compared to 364 a year earlier. That is a reduction of 40.6 percent.
- The use of congregate care for younger children has been significantly reduced. The number of children age six and under in congregate care settings fell from 38 in January 2011 to 11 in January 2012. The number of children age 12 and under in congregate care decreased from 201 in January 2011 to 112 in January 2012.

While these are important advances, much more remains to be done. That is why it is so important that we now enter a second-phase of transformation, marked by Differential Response and the Strengthening Families Practice Model. I am confident these will be catalysts to build upon the improvements begun in the first year of this administration.

Under Differential Response, reports to the DCF Careline will be handled in one of two ways. Reports of physical or sexual abuse will continue to receive a traditional forensic-style investigation. Investigations also will occur for reports involving potential criminal charges and for homes with two or more previous substantiated investigations, a previous Superior Court adjudication of abuse or neglect, or a previous assessment of high risk.

All cases will receive a safety and risk assessment. Low and moderate risk cases meeting all other criteria initially will be assigned to the alternate or "Family Assessment Response" track. If, however, in the course of the assessment any child appears to be unsafe or if the risk level is determined to be high, the case will be switched to a traditional investigation.

Social workers assigned a Family Assessment Response case will conduct a face-to-face visit with the family and work with the family to identify its strengths and needs. Staff will seek the family's participation in an assessment designed to strengthen the capacity to raise its children. If the family wishes to participate, the worker and the family together will identify solutions, including access to responsive community-based services. Families whose cases are closed, as well as families whose cases remain open, will be able to access community services. To support the delivery of services, community partner agencies have been selected in all six DCF regions in Connecticut.

If a report you issue to the Careline is assigned to the assessment track, you will be contacted by a Department worker, as you would in a traditional investigation.

As the Department prepares to implement DRS on March 5, we also are rolling out the Strengthening Families Practice Model, which will guide all our work, including responses to abuse and neglect reports, behavioral health services, juvenile services, foster care, in-home services and work at DCF-run facilities. Gaining family participation is the foundation underlying the model, including family-centered assessments, purposeful visitation, effective case planning, initial and ongoing safety and risk assessments, and individualized services. Training for all staff in the Strengthening

Families Practice Model is underway and expected to be completed by mid-year. Its implementation will be Department-wide at that time.

I am confident that DRS and the new practice model will significantly improve our relationship with families, increase their participation in planning and the receipt of services, and lead to better outcomes overall. This is the result all of us are working to ensure, and I thank you for your continued partnership with the Department as we strive together to improve the lives of Connecticut's children and families.