CT Family First Candidacy Meeting Notes

Date of Convening: January 2, 2020

Agenda

- Opening
- Presentations
  - CT Perspective
  - Careline Data and Process
  - Investigations and Services
  - FAR (Family Assessment Response) Data
  - CR (Considered Removal) Data
- Presentation Debrief
- Action Items & Next Steps

Opening and Housekeeping

- Visual from last week
  - Keep in mind the dual charge:
    1. Determine candidacy definition for Family First
    2. Determine candidacy definition for broader prevention efforts

- Today is a data day!
  - The focus of this meeting is to develop an understanding of the child welfare system, including the demographics and outcomes for children who come into DCF contact.
  - Members should feel free to ask questions during the presentation
  - To help synthesize this information into a candidacy definition, members were asked to consider the different populations they heard about and then use the post-it notes provided to group populations into one of three categories: definite Family First candidate, possible Family First candidate, or candidate for broader

prevention plan. Participants were encouraged to duplicate notes if others had already categorized a population, as this could show consensus or spark a discussion with the group.

- Members were also reminded about the parking lots that were posted around the room. The parking lots are flipcharts for other workgroups; if the group raises a point that is important to consider but not really related to defining candidacy, the point can be added to the flipchart and delegated to the appropriate group for further discussion.

Connecticut in Context: How the State Compares to National Averages (Susan Reily)

- Below is a summary of the key discussion points and questions that arose during the presentation. To see the full presentation, please visit the DCF Family First Website (https://portal.ct.gov/DCF/CTFamilyFirst/Home) and choose "CT Data Overview."
- This presentation provides a high level overview of how Connecticut compares on the front end and on key outcomes established by the federal government. Connecticut often aligns with the national average, though it does particularly well in some respects (like kinship care or child fatalities) and worse in others (especially relating to permanency). These outcome measures have shifted with time and there has been major race disparities identified as well.

Careline Data and Process (Ken Mysogland)

- To see the full presentation, please visit the DCF Family First Website and choose "CT Candidacy Sub-Committee Presentation." Ken presented on the first slide of this document.
- In 2018, there were 107,000 calls made to the Careline, 67,000 of which were referrals calling about abuse and neglect. 85% of referrals were made by mandated reporters, and 29,000 of those calls were accepted. It is important to note that there has been a 25% increase in calls in the past five years.

  Q: If only 67,000 of those calls were about abuse or neglect, what were the other 40,000 calls about?

  A: We don't have exact numbers regarding what the other calls were about, but we know that generally, the Careline also receives calls about information and general questions. Folks may be calling about general DCF information, or to

request info about becoming a foster family, or for information about services. They also may call the Careline wanting to be transferred to a specific social worker or an area office, if they do not have the direct number. This accounts for most of these non-referral calls.

Q: Why are some referrals not accepted?
A: Generally, referrals are not accepted because they do not meet the statutory requirements for abuse or neglect. We may not accept a referral if there is no clear victim or if there is not enough information to pursue an investigation. We may also receive multiple follow-ups about a specific incident, and if no new information is given during that follow-up, we would not accept that referral.

Q: Why has there been a 25% increase in calls?
A: It is a combination of factors, but the main things to note are first, school employees account for the most mandated reporter calls. In recent years, there have been a number of high profile cases involving mandated reporters who knew of child abuse/neglect and did not report it. These folks were punished, and schools are under penalty for not reporting. Connecticut's wide range of mandated reporters along with the heightened accountability mean that folks are now over reporting for fear of getting in trouble if they don't call; however, a lot of these calls do not fall under abuse or neglect. It seems these mandated reporters may be identifying potential problems within the families they serve, but while these may be child welfare *issues*, they do not necessarily fall under the jurisdiction of a child welfare *agency.*

Investigations and Services (Fred North)

- To see the full presentation, please visit the DCF Family First Website and choose "CT Candidacy Sub-Committee Presentation." Fred presented the majority of the information, except the Careline data (Ken) and the CAPTA Portal (Mary Painter).
- First, Fred presented information about disproportionality. There is disproportionality throughout the DCF system, from the moment the call comes in through the Careline. Upsettingly, it seems disproportionality also increased between 2017 and 2018.

Q: Do we have information on what factors may create disparate outcomes?

A: We do not have a completely clear picture of why these disparities exist. We know that implicit bias definitely plays a major factor; it affects who decides to call and it affects the decisions that workers make. Someone also noted that the SDM tool for risk assessment includes a question on past substantiation, which may also amplify bias.

Faith Voswinkel mentioned efforts made by other states to black out demographic data (race, zip code, names) for the person making the decision to pursue a case or FAR. They found that this did impact the decisions that were made, and this is perhaps something Connecticut could try to implement.

Sarah Lockery also requested information on disproportionality by language, if possible.

- CAPTA Portal (Mary Painter)
  - The CAPTA portal is a place where hospitals submit a report when they identify an infant born with substance exposure. This report comes to DCF, and stakeholders create a Plan of Safe Care for the newborn. A CAPTA notification does not mean a referral to DCF; unless there is concern for the child's safety, the notification will contain no personally identifiable information and DCF will not pursue an investigation.
  - Most CAPTA notifications involve young, white, non-Hispanic mothers. 69% of notifications had a Plan of Safe Care (either developed or verified by the hospital, depending on if the mother comes to the hospital with one already established). Marijuana is the most common substance. The vast majority of reports come from the urban periphery or urban core. Only one came from a town classified as wealthy.
  - Mothers were referred to a variety of services (up to 18) at different frequencies.

    Q: How common were housing referrals?

    A: Housing referrals are not as common as compared to Safe Sleep Plans and WIC. The referral rate was around 4.0.

    Q: Where does voluntary home visiting fall into the services offered?

A: It was very low on the list of service referrals, but we do need more information on how hospitals are using CAPTA to determine referrals. It may be that the mother was referred to it but the referral was not added to the plan, or it could be that they are not referring them to these services at all.

Q: What about IPV referrals?
A: The reports say that these referrals are low, but it is also important to note that the template is somewhat subjective. If IPV is part of a service but not the primary intention of the service, a worker may not count it as a referral to an IPV service. So while it seems the referrals are low, we also should keep in mind the data may be a bit skewed due to the way workers may categorize services.

Q: Does Connecticut distinguish between substance exposure vs substance use treatment?
A: CAPTA captures any infants known to be substance exposed.

Q: How are these children identified?
A: They are identified in a variety of ways—through testing, self-reports, etc; however, we have not looked at the data yet and broken down the percentages of each using each method.

Q: Who is involved in the Plan of Safe Care? Just mothers?
A: Plans are by the mother with a provider, but more work is needed to start also involving families. This would be useful both to involve them in the process and also to provide them with supports.

- DCF Child Protective Services Report Data (Fred)
  - Fred discussed data on the types of reports (Investigations vs FAR) over time, as well as information on cases which "switched tracks" from a FAR to an investigation

Q: Do we have information on disproportionality in track switching?
A: Yes, but we do not have it included in this presentation.

Q: Is there information on calls that were screened out repeatedly?

A: Yes, but we do not have it here.

- Maltreatment recurrence was analyzed and a logistic regression showed predictors of maltreatment recurrence (based on data from children with initial substantiated reports between 1/1/11 and 12/31/16—analysis conducted March 2018). Recurrence was defined as an additional substantiation within 12 months. This model adjusted for time in placement, though it is unclear whether these kids were completely taken out of the study or if the time they were in placement did not count towards the one year. Some key factors and comments are outlined below:
  - "Family lacking support" increased odds of maltreatment recurrence by 23%. This is defined as lack of social supports (e.g. family, embedded in community, etc)
  - "Unsafe" housing decreased the odds by 54%, but "unsafe" is not explicitly defined. Members wondered exactly what is considered unsafe. Furthermore, it was pointed out that this data point is misleading. It appears to make the case that unsafe housing is usually a one-time issue and actually decreases maltreatment recurrence; however, it is important to note that housing issues tend to be FAR cases. So while the odds of another substantiation decreased, this does not reflect the repeated FAR cases involving repeated housing issues. This is examined in greater detail during the presentation on FAR data.
  - AC Jeanette Blackwell pointed out that while a caregiver with drug misuse increased odds by 16%, a caregiver with alcohol use increased odds by 30%. This large gap makes one consider how we treat drug cases vs alcohol cases. However, it was also pointed out that drug use may increase odds of removal, which would then decrease the odds of another substantiation (as the child is now out of that unsafe situation). Because of that, it would be useful (if possible) to compare these results between kids who stayed home versus kids who were removed.
  - Region 4 served as the base region, and odds of maltreatment recurrence increased by 19% in Region 1 and 23% in Region 6. Region

2, 3, and 5 had odds increased by 50-55%. The group was very surprised that there was such variation between the regions.

- DCF Children Entering DCF Care Data
  - Kinship placement

    Q: Is this graph reflective of all kin placement or just for those involved with DCF?

    A: This data reflects only formal placement with kin by DCF. It does not include informal kin placement.
  - Removal reasons
    - This chart was identified as a very important data piece because by showing the reasons why children were removed, we see what services might address these reasons.
    - A point of hope is that child disability and child behavior have both been decreasing as a reason for removal.
    - It is important to note that these reasons are not mutually exclusive, so the numbers will not add up to 100%.
    - Fred mentioned wanting to do a logistic regression on this data and identify predictive factors that would help determine the odds of removal.
    - Members agreed that it might be useful to see the breakdown of removal reasons by race, but unfortunately, that data was not immediately available.
  - Odds of Permanency (based on logistic regression on children that entered DCF care between 4/1/15 and 3/31/17) in 12, 18, and 24 months.
    - Odds of permanency in 12 months increased for older children (31% for children ages 6-12 and 55% for children ages 13-17). This led the group to wonder if there is something we could do to keep these kids out of care to begin with.
    - It was worth noting that a parent with both substance abuse and mental health issues combined decreased odds of permanency in 12 months by 34% as compared to parents with just one or neither of these issues. That combination is a key factor.
    - Social worker caseload and turnover affected permanency at 12, 18, and 24 months. As the caseload approached 100% of capacity, odds of

permanency decreased, and an increasing number of social workers decreased odds by up to 30%.
    - Workgroup members were asked to consider how permanency relates to Family First.
- Youth In/Discharging from DCF Care
    - As special education youth make up a high percentage of subjects of reports, one member wondered if there should be an increase in policies dedicated to supporting these youths.

FAR – Family Assessment Response (UConn)

- To see the full presentation, please visit the DCF Family First Website and choose "FAR-CSF Overview and Outcomes."
- One important thing to note about this presentation and its data is that it uses family-level data, not child-level, so some of the results will differ from DCF reports (as DCF uses child-level).
- Connecticut implemented a differential response system in 2012 where low risk cases are treated differently from investigations. During intake, the case is determined to be either a FAR or an investigation, but the case can switch tracks once more information is gathered. One key difference between a FAR and an investigation is that a FAR does not ever end with a formal determination/finding (i.e. no possibility of a substantiation).
- The demographics for FAR seem to align with the data on overall reports to the Careline (especially regarding mandated reporters).
- Risk and safety factors
    - Here, the risk and safety breakdown was shown by region. There were several questions about this slide.

        Q: Do we have a breakdown of the safety assessment by race? This might be a good place to see how implicit bias may play a role in the decision-making process.

        A: Not here, but it might be possible to pull this data.

        Q: If this is all family-level data, how would you account for multiracial families?

        A: This is something that we are working to clarify. Currently, the race is chosen based on the primary caregiver (as listed by DCF—not

necessarily the mother). Their race is logged as the family's race, but this obviously doesn't reflect multiracial families well at all. We are working with DCF to try to improve this aspect. We also know that the fact that families are multiracial can be a stressor for society, and they might need extra support to help them deal with the unique prejudices they have to deal with. This is supported by research.

- FAR and INV key differences
  - Participants noticed that there does not seem to be a big difference in subsequent report rate between FAR and INV tracks. They felt there probably should be a large difference, and theoretically, a FAR should end with the family's needs met. It was then pointed out that we do not know what the report was for—was it CPS-related or poverty-related? FAR can address service needs but not get a family out of poverty; these repeated reports might be an example of DCF being the default agency for families with support needs.
- Community Supports for Families (CSF)
  - This is a voluntary, family-driven, individualized program. Families are referred to CSF after the case is closed. 75% of families fully engage in services, though this does not measure the number of families who are talked to about the program but do not take the referral.
  - One person pointed out that CT's risk assessment levels do not necessarily match other states'. Ours (very low, low, moderate, and high) includes only four options, which means that a moderate here might be considered a high in other states. A DCF worker responded that our risk levels may change pending further discussion and study.
  - When examining a chart comparing the percent of needs assessed vs needs addressed, one person pointed out that the percentage of mental health needs addressed (17%) greatly outnumbered the number assessed (9%) and wondered how this was possible. Another person explained that some services may be coded differently or may address multiple concerns, and in this case, it could vary depending on who codes it and how. Further, while mental

health treatment might not have been originally assessed, through further conversation, it could be later identified as a need.
    - Unsurprisingly, the risk assessment had a strong correlation with subsequent substantiations. There is also a strong correlation between improvement (services met) and fewer substantiations, but we do not have this breakdown by race.
    - Initial data indicated that longer service with CSF correlated with better results, but this trend has gone away with time. Meeting goals still tends to indicate better results.
    - A DCF worker noted that most of these services do not have a wait list and they are actually under capacity in some regions.
    - Someone also suggested looking at workers who do not make CSF referrals and researching why this might be. It could be individual factors, but one DCF worker pointed out that when FAR was originally rolled out, social workers either only pursued FAR or only pursued investigations. Although this has since shifted, some workers who originally did investigations may not have changed their mindset or feel as comfortable referring people to services.

Considered Removal (CR) Data (Kim Nilson)

- To see the full presentation, please visit the DCF Family First Website and choose "CR-CFTM Summary Presentation."
- CR meetings are held prior to removal of a child from the home (except in emergency situations). The meeting gathers the parents/guardians, child/youth, extended family, natural supports, service providers, and DCF and is run by a trained facilitator. In this meeting, the group works to determine next steps such as whether the child ought to be removed, what supports would keep them at home, and where they might be placed.
- To clarify, the meeting is to discuss removal as a possibility, but DCF does not go into the meeting recommending removal. The recommendation is decided on during the meeting. This has resulted in fewer removals.
- Rate of Diversion & Entry into Care by CR Recommendation
    - This chart showed the differences in what was recommended during the meeting and what actually happened after (whether they were removed or not), but this

data does not account for time after the meeting. This means that if the meeting occurred and removal happened much later, it would still be counted as a removal after the meeting.

- One person requested a written tool that facilitators and/or participants use to come to a decision, but no such form exists. There are guidelines regarding the structure and components of the meeting, but there is not a strict outline they have to follow or an SDM tool. This could be a place to study implicit bias.

  Q: Do we know the breakdown of family arrangements vs other outcomes?

  A: We do not have an exact breakdown, but we do know that family arrangements are often successful.

  Q: Is there data on the mitigating factors for removal?

  A: No, and it would be hard to pull this data without going case by case.

Reflections, Extra Information, and Summary of Synthesis Activity

- During the course of the meeting, Fred got the following supplemental information:
  - High-risk newborns were more likely to flip from a FAR to INV when African American
  - When it comes to removal, substance use varies as a reason by race:
    - 53% for whites
    - 39% for Hispanic/Latino
    - 35% for African Americans
    - 44% for other
- Reflections:
  - One member felt the non-accepted calls warranted more analysis. It seems like if there were a way to screen in calls for services rather than screening them out based on statutory requirements, this might help connect more families. However, many other members felt that using the Careline to screen in families would result in net-widening. But perhaps there is a way to balance that goal with a different pathway. Also, there is some question on whether this "screening in" effort should fall under Family First or if it better fits in the broader prevention plan.

- Another member highlighted the fact that Connecticut's system is not very well-integrated, and DCF as a department needs to be more flexible on which "doors" kids can come through.

- Jeff summarized the results of the activity that members worked on throughout the meeting:

Definite Family First Candidate	Possible Family First Candidate
➢ Children w/ substantiated maltreatment report ➢ Parents with mental health/substance use issues ➢ Youth exiting foster care (to varying degrees—all, within 30 days, etc) ➢ FAR cases (with varying risk levels, or FAR with subsequent report) ➢ Pregnant/parenting youth in foster care ➢ Each of these got one post-it each: juvenile justice-involved youth, families with unstable housing, and non-accepted calls to DCF	➢ Substance-exposed youth/caregivers ➢ Accepted/non-accepted Careline calls ➢ Upstream, community-involved, non-DCF youth ➢ ID within the school system (special ed, school refusal) ➢ Each of these got one post-it each: juvenile justice-involved youth, homeless families, informal kin

Next Meeting

- Candidacy's next meeting will be **Monday, January 6 from 1 -3 pm at Family and Children's Aid in Waterbury**. The address is **30 Holmes Avenue**.
- The goal for Monday is to have a strong draft of Phase I of the definition (Family First portion). We hope to have more discussion on access to services.
- The homework for the weekend is to think about the data you've heard and reflect on how it relates to the candidacy definition.