



**DIFFERENTIAL  
RESPONSE SYSTEM DCF  
STATEWIDE  
IMPLEMENTATION**

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Capstone Project**

# DIFFERENTIAL RESPONSE SYSTEM (DRS)

## CONTENT OVERVIEW

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- ❖ Philosophical shift in the way we do our work - the way DCF responds to, works with and supports families to ensure the well-being and safety of CT's children
- ❖ Moving from a single-response system to a dual-response system, with different policy and procedural approaches
- ❖ Think of DRS as an entrance way with two doors (tracks):
  1. Forensic
  2. Family Assessment

# TRADITIONAL/FORENSIC INVESTIGATION NOW ...

<b>Focus</b>	Child safety, incident of abuse & neglect, future risk	
<b>Practice Principles</b>	Safety Permanency Wellbeing	
<b>Disposition</b>	Investigations/Substantiation Findings	
<b>Central Registry</b>	Perpetrator's name entered	
<b>Services</b>	If case opened, service plan is written and services provided. Families can be ordered by court to participate in services.	
<b>Nature</b>	Forensic, generally used for reports of most severe types of maltreatment and/or reports that are potentially criminal	
<b>Special Features</b>	Convening family meetings; If deemed necessary, case remains open with DCF	

# WITH A DRS SYSTEM IN PLACE...

D R S		
	Traditional/"Forensic" Investigations Track	Family Assessment Track
Focus	Child safety, incident of abuse & or neglect, future risk	Child safety, <b>family functioning--strengths, needs</b> and risks
Practice Principles	<b>6 Core Principles of Partnership/Family Engagement (Partners in Change)</b>	
Disposition	Investigations/Substantiation Findings	<b>Assessment/No</b> Findings
Central Registry	Perpetrator's name entered	<b>No</b> perpetrator identified
Services	If case opened, service plan is written and services provided. Families can be ordered by court to participate in services.	Services offered in response to <b>mutually identified needs</b> . After participating in the assessment, families <b>have choice to participate in services or not</b> . If safety concerns exist, case can be reassigned to "forensic" track
Nature	Forensic, generally used for reports of most severe types of maltreatment and/or reports that are potentially criminal	<b>Applied in low-risk cases</b> . Offering services to meet family's needs <b>at family's discretion</b>
Special Features	Convening family meetings; If deemed necessary, case remains open with DCF	Convening family meetings; <b>Transfer to community service providers (if chosen by family)</b> or remaining open with DCF (depending on risk level)

# Connecticut Momentum

- Region 3 (Norwich, Willimantic, Middletown) were selected to implement DRS first. Region 1 (Bpt, Danbury, Norwalk/Stamford) were slated to roll out next....then the rest of the state
- Staff from Region 3 traveled to MN supported by Casey Family Programs TA.
- Policy development & data system modifications are underway & expected to be completed this winter.

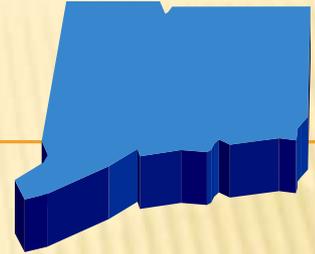
# PROBLEMS W/ PHASED IMPLEMENTATION

- ✘ Potential for extreme differences in service delivery .... I.e. a family living in **Meriden** could have a substantiation of abuse/neglect w/ an identified perpetrator and victim ...
- ✘ At the same time, a family living in **Middletown** referred for the SAME circumstances would be receiving community & family driven service delivery WITHOUT labels of perp/victim

# PROBLEMS W/ PHASED IMPLEMENTATION

- ✘ DCF would be sending mixed messages to our constituents
- ✘ Problems with contracts and providers who service offices in multiple DCF locations (who has DRS who doesn't?)
- ✘ True culture change and TRUE engagement must transform an entire system in order to be truly effective
- ✘ The original timeline was simply too long

# CT STATS



- § In **Connecticut**, and nationally, most reports involve **neglect** – *not abuse*.
- § Only **14.3** percent of reported allegations in Connecticut in SFY10 involved **abuse**.
- § The remainder involve forms of neglect, **and** they are correlated highly with issues surrounding poverty.

# POVERTY & CHILD MALTREATMENT

According to a 1996 HHS study, families with annual incomes below \$15,000 were 22 times more likely to experience an incident of child maltreatment than were families with incomes above \$30,000.



# STATEWIDE IMPLEMENTATION STRATEGIC PLAN

<b>Theme</b>	<b>Activity</b>	<b>Lead</b>	<b>Begin</b>	<b>End</b>	<b>EOC/ Indicators</b>
"Catch up"	Regions 2,4 & 5 must begin to catch up with the preparation undergone in Regions 1 & 3	SADs & Regional Implementation Teams	May 2011	Fall 2011	One statewide implementation team moving forward with all offices at the same point
Training	Regions 2,4 & 5 to have managerial, supervisory and investigative staff trained in this model	Academy for Workforce development	July 2011	Winter 2012 ( Jan /Feb)	Family Assessment staff Identified and DCF ready to begin DRS
Practice Guide	Development of a guide for direct service SW staff	TA & Staff from Regions 1&3	July 2011	Winter 2012 ( Jan / Feb)	Practice guide completed & ready for use

# RESULTS BASED ACCOUNTABILITY (RBA)

## How much did we do?

- § In **Connecticut**, **80%** of families investigated for abuse/neglect have been **previously** investigated.
- § Current research shows that the **principle risk factor** for future child maltreatment is previously coming to the attention of a child welfare agency.

*Internal analysis suggests that approximately **42%** of accepted reports will go to the Family Assessment Track.*

# RESULTS BASED ACCOUNTABILITY (RBA)

## How well did we do it?

- In Minnesota, services most often went to families in poverty, and these families experienced a significant increase in income following services (income increased from approximately \$22,000 to \$32,000 in the 30 months after DRS case closed).

## How do we accomplish goals?

- Reduction in repeat maltreatment

# RESULTS BASED ACCOUNTABILITY (RBA)

## Who is better off?

- Families are more likely to get services that are preventive, including counseling/ therapeutic, and family support services responding to personal, household, or financial needs (food, utilities, furniture, home repairs, etc.)
- Long term costs associated with the implementation of DRS were lower due to fewer removals and re-reports.
- Staff satisfaction through access to training, more resources available, manageable caseloads
- Public and Private partnerships

# WHAT WE FOCUS ON MOVING FORWARD...

“Families are most commonly a child's greatest source of strength and therefore our most important partner in promoting the well-being of the child.[...] Our relationship with families is the result of how we communicate and show our respect for families”



*(Joette Katz, DCF Commissioner, Memorandum 'New Department Administration', January 6, 2011)*

