

Connecticut Department of Children and Families

*Family Assessment Response and
Community Support for Families*

ANNUAL DATA REPORT

PRESENTED BY UCONN SCHOOL OF SOCIAL WORK –
PERFORMANCE IMPROVEMENT CENTER

OCTOBER 20, 2015

Agenda

- **Welcome and Introductions**
- **Family Assessment Response Data**
 - **Questions**
- **Community Support for Families Data**
 - **Questions**
- **Next Steps**
- **Questions**
- **Break**
- **Regional Break-out Groups**
- **Report Back from Regional Groups**
- **Concluding Remarks**



FAR

FAMILY ASSESSMENT RESPONSE

FAR Data Definitions & Notes

Data set:

- LINK data extract through 6/30/2015
- Including only FAR families, their prior and subsequent reports
- Multi-level data structure:
 - Allegations/victims/perpetrators within reports; reports within protocol; protocol (DRSID) within family.
 - A report could have several allegations, victims, and perpetrators.
 - A protocol could have several reports.
 - A family could have several reports.

Report date ranges:

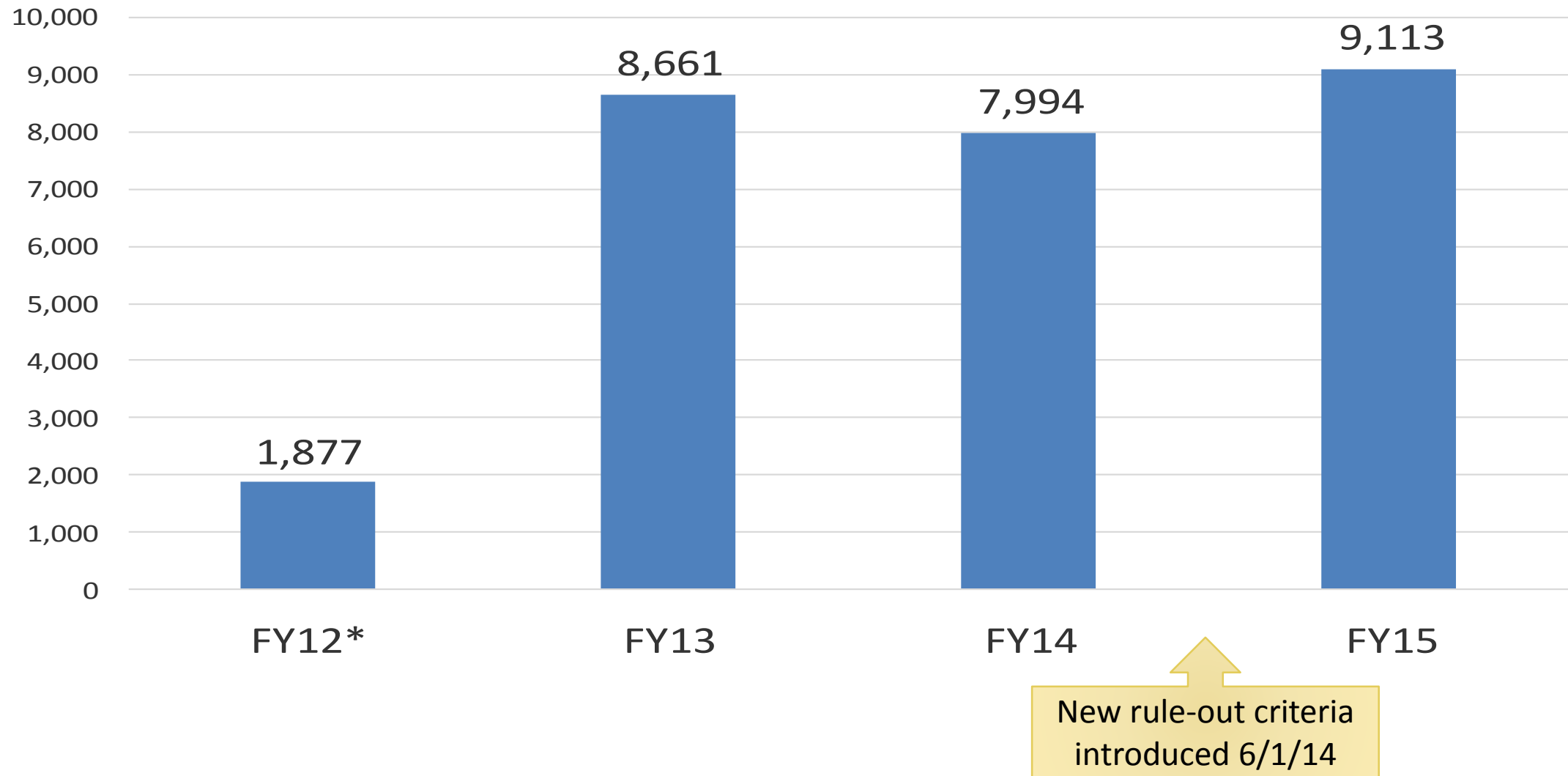
- All reports accepted date: 07/04/1996 – 06/29/2015
- All reports approved date: 07/31/1996 – 06/30/2015
- 1st FAR reports approved date: 03/22/2012 – 06/30/2015

FAR reports and cases counts: *

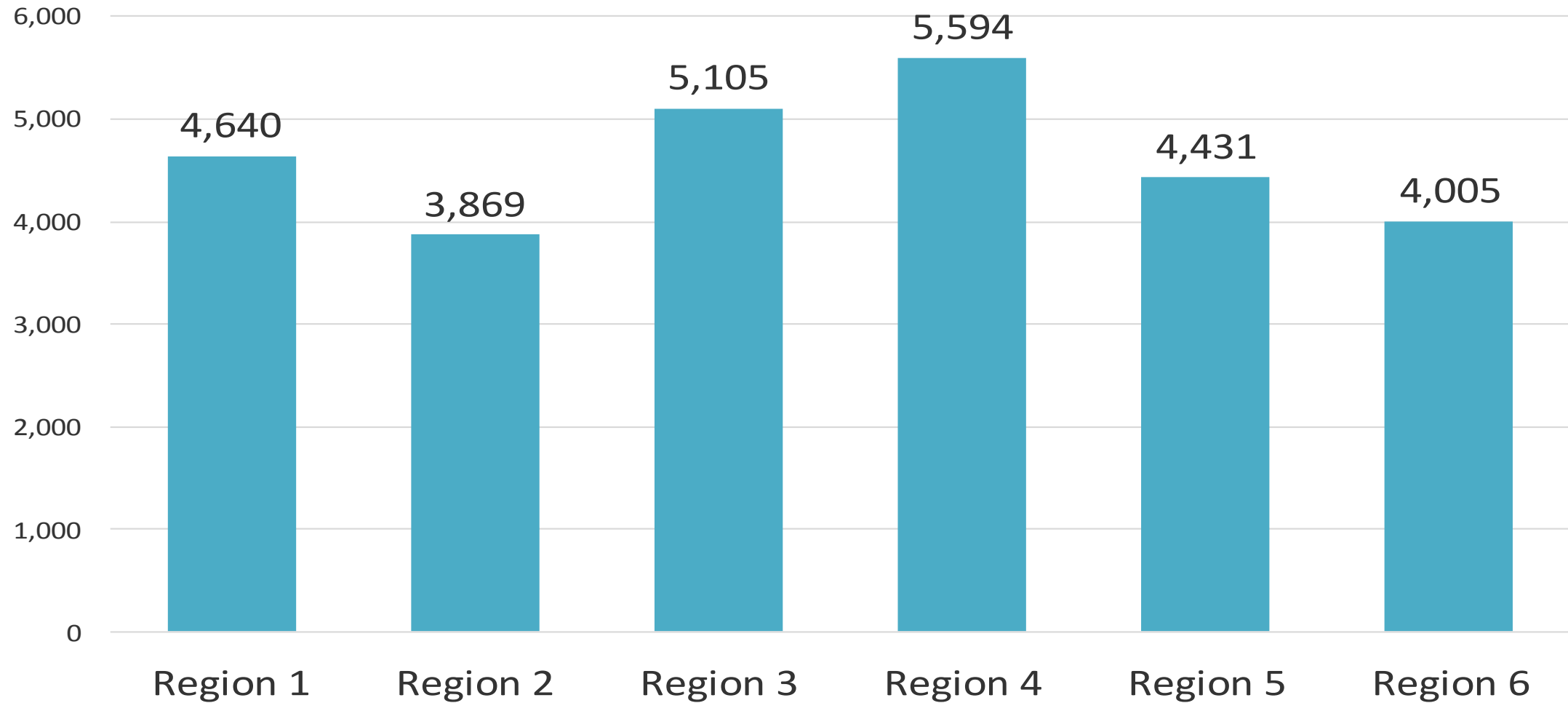
- 71,810 total reports (aggregated based on protocol ID (DRSID))
- 27,645 unduplicated families
- 39,753 estimated victims

*exclusion criteria: Reports linked to incorrect families; Reports with no DRSID; Reports for FAR records that changed track, Reports where the first FAR record is Pending, Reports for Cases with no remaining FAR Responses after previously listed exclusion

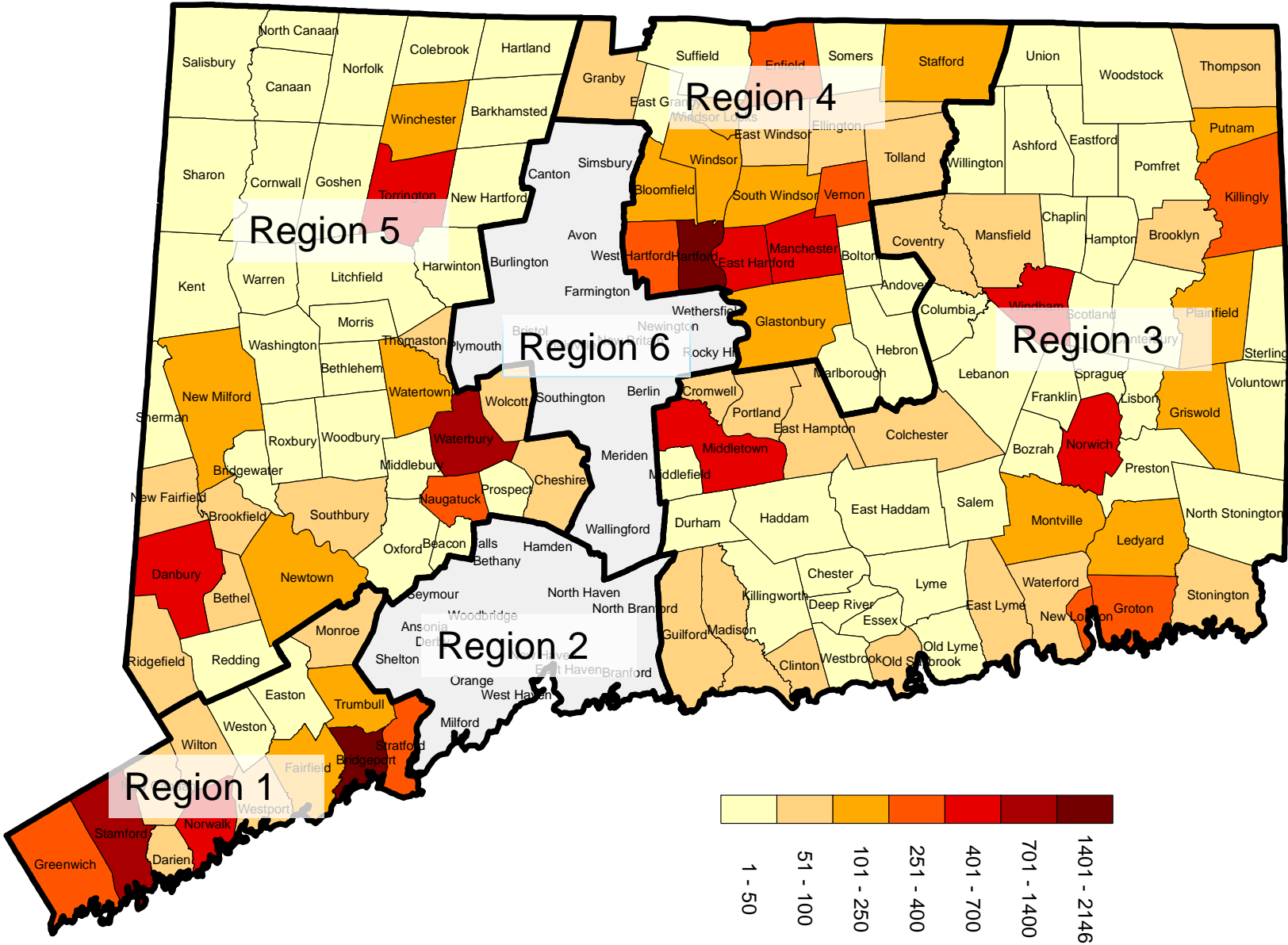
Unduplicated FAR Families by State Fiscal Year



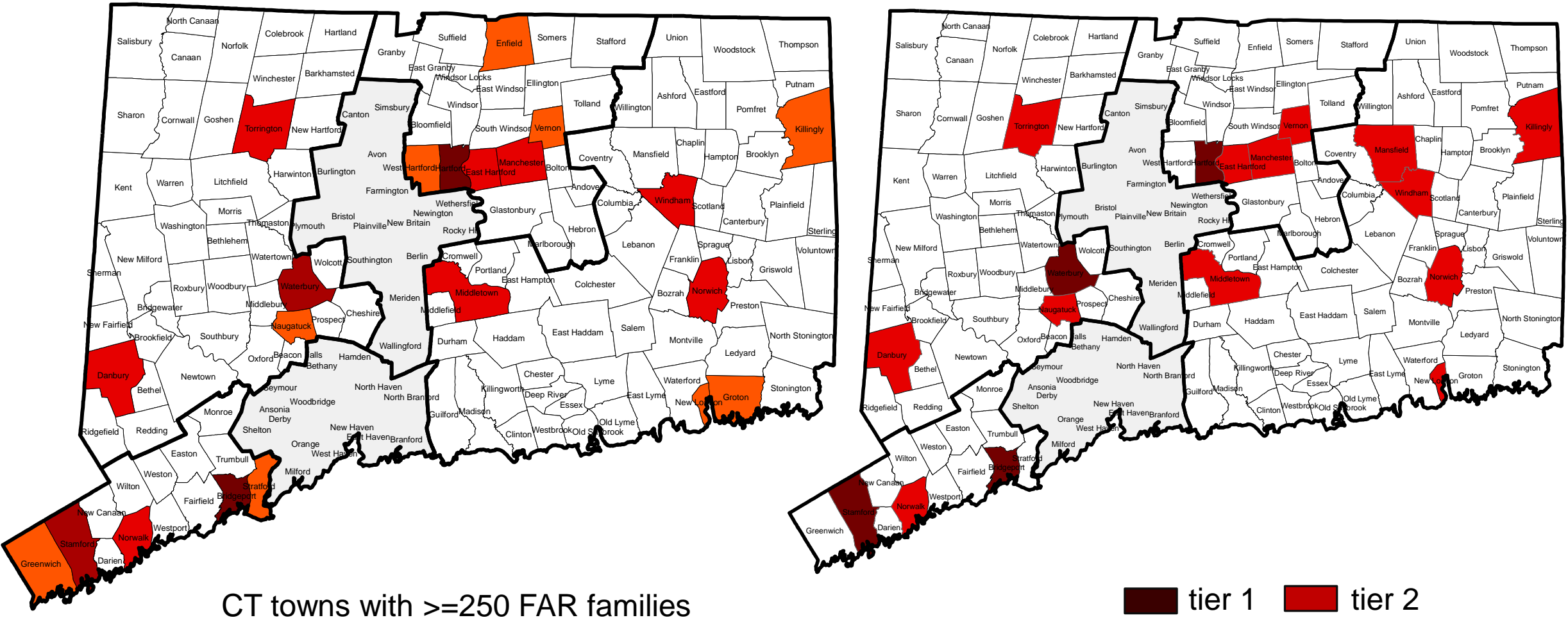
Unduplicated FAR Families By DCF Region since FAR Implementation



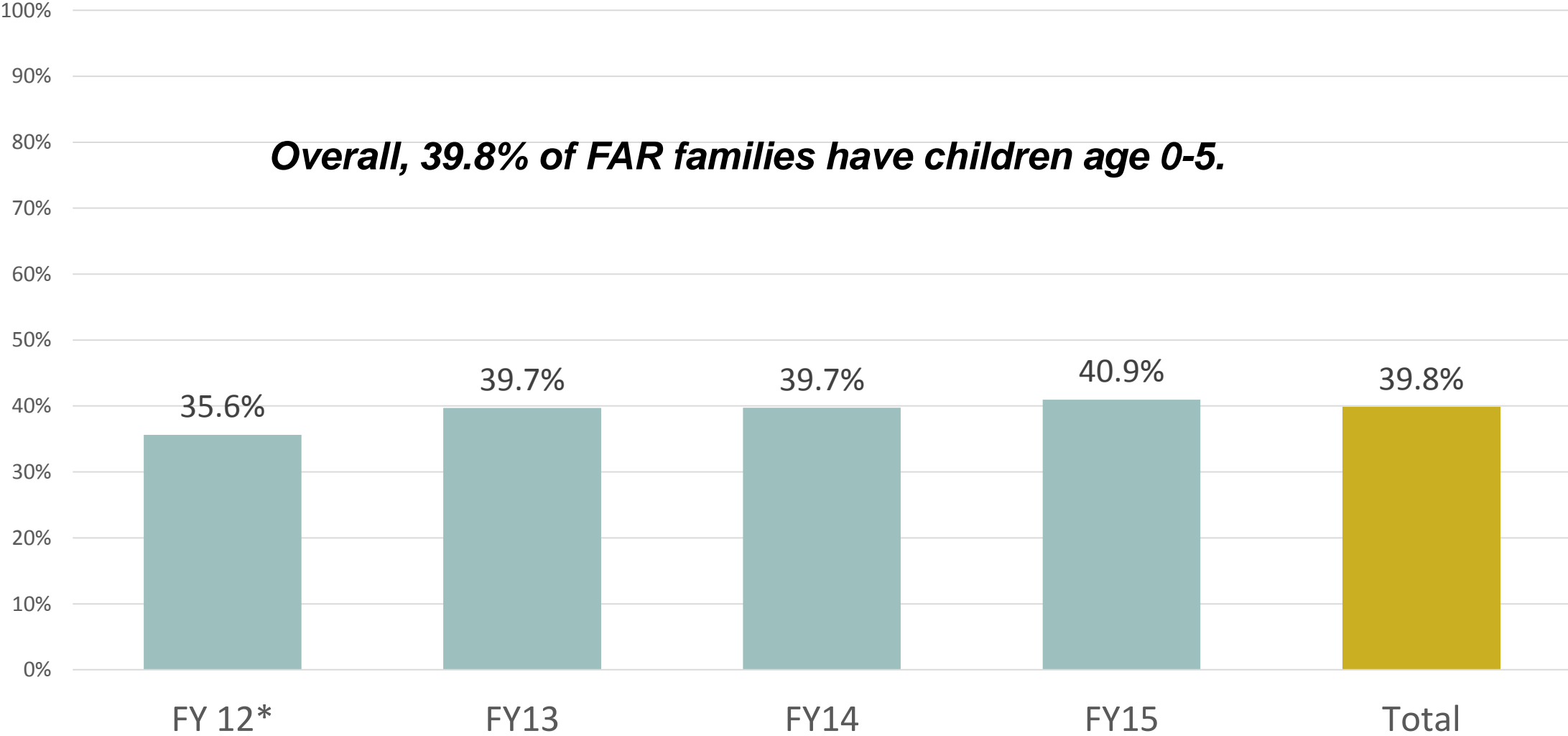
Geographic Distribution of FAR Families



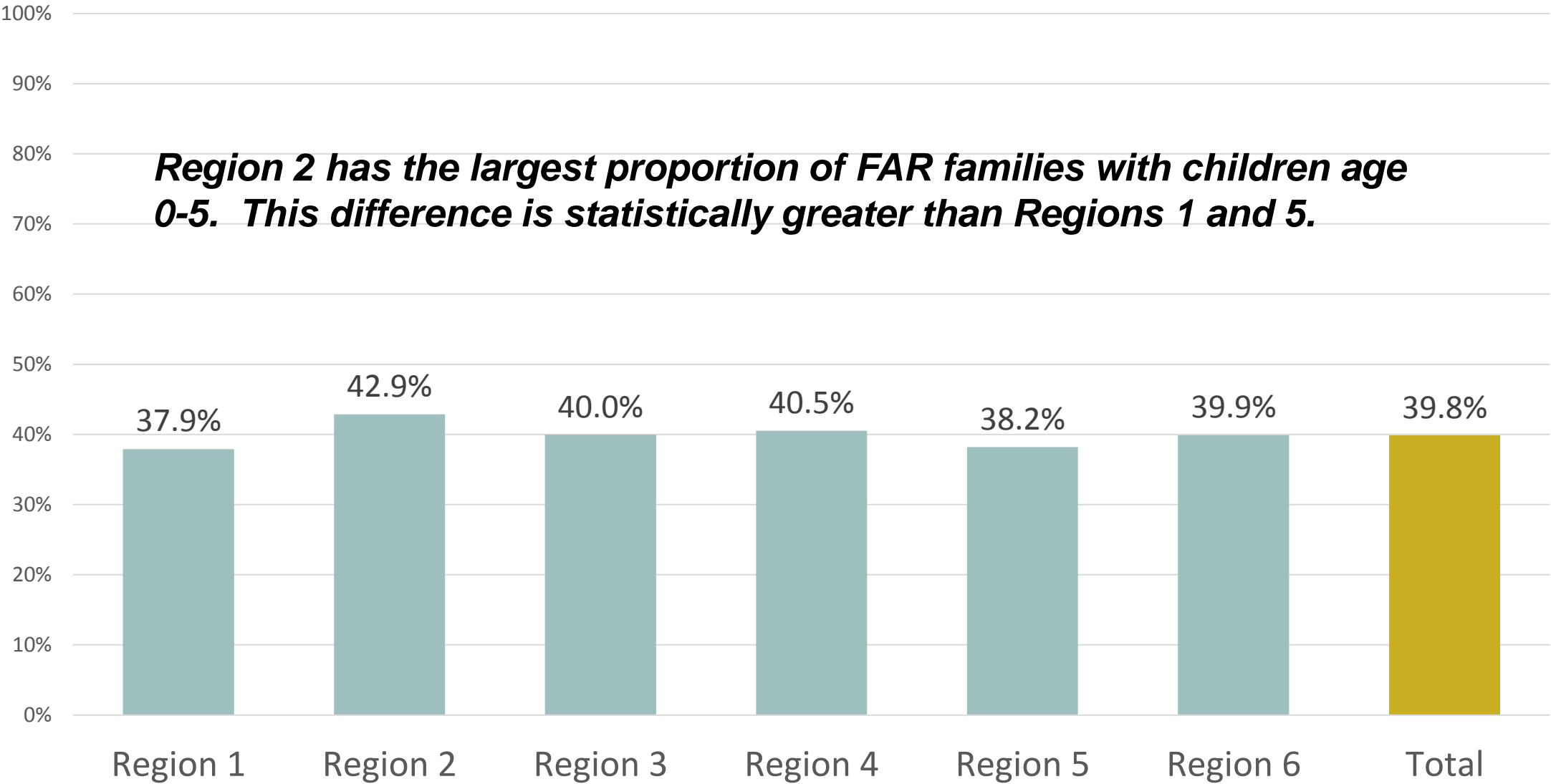
Geographic Distribution of FAR Families vs Tier 1 & 2 poverty towns



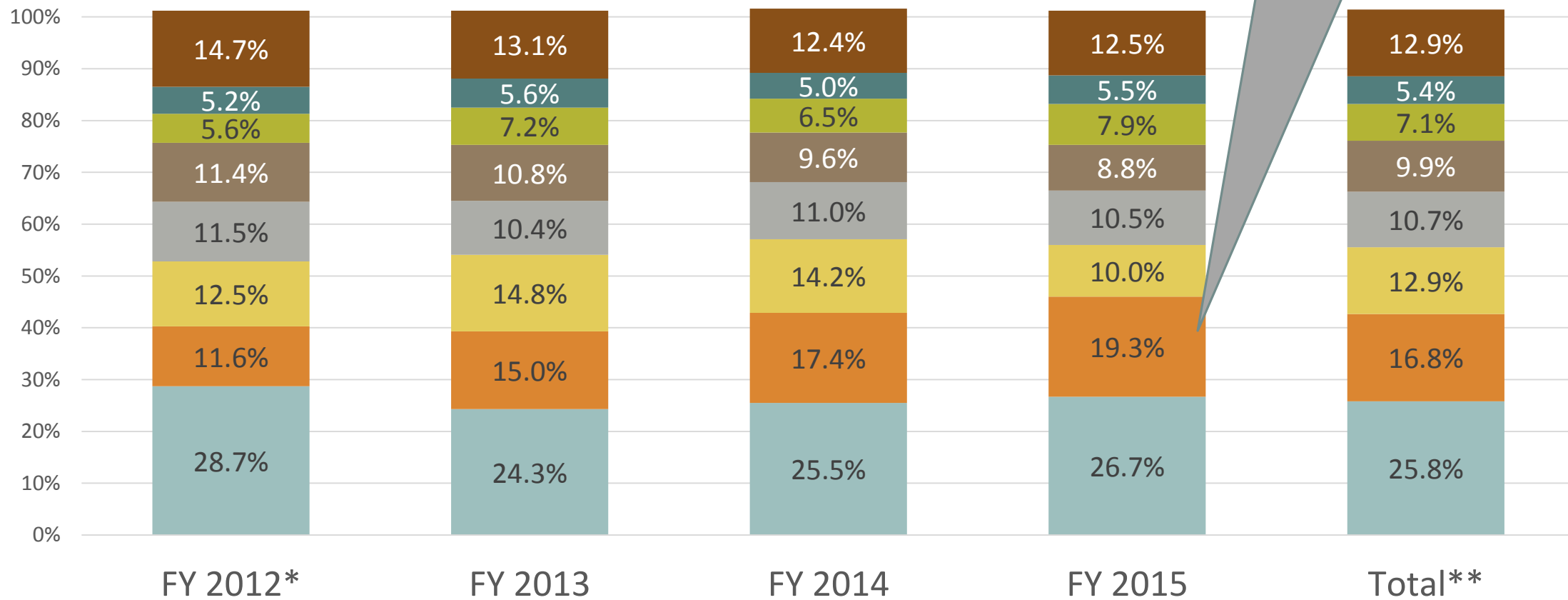
FAR Families with Children Ages 0-5 by Fiscal Year



FAR Families with Children Ages 0-5 by Region



FAR: Reporter by Fiscal Year



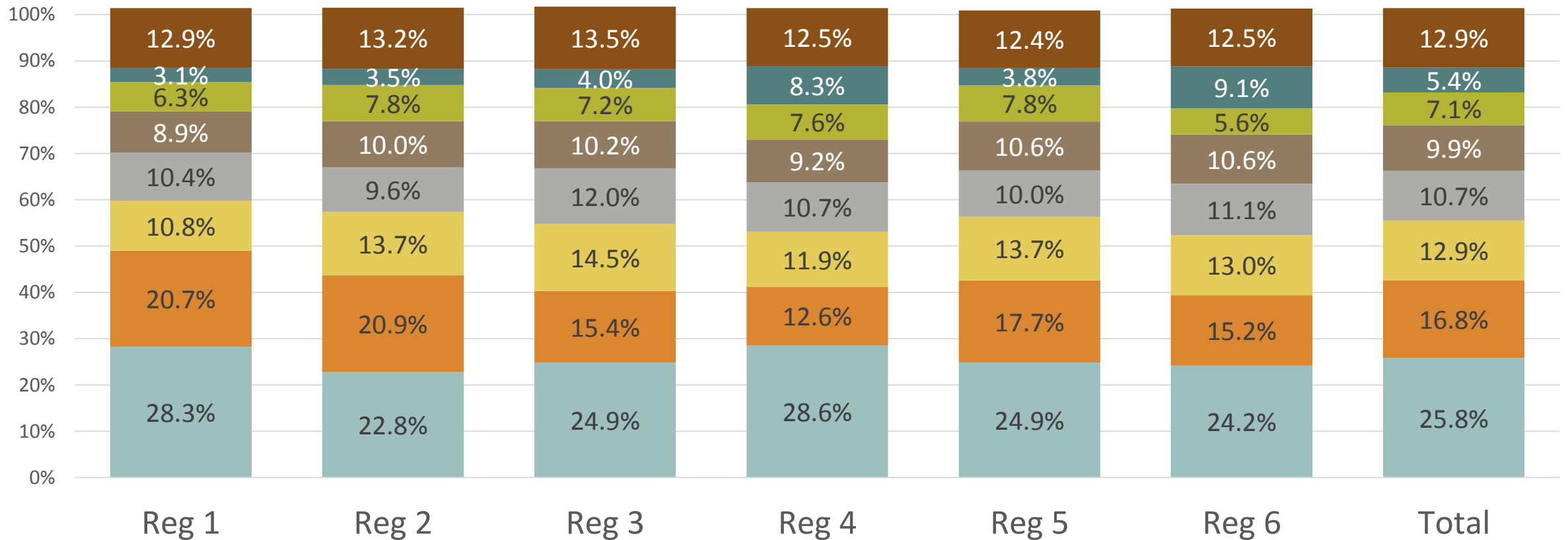
Proportion of Police Reporter is increasing over time.

■ School Personnel
 ■ Police
 ■ Anonymous
 ■ Mental Health
 ■ Self/Family*
 ■ Hospital
 ■ Court Professional
 ■ Other**

*Father, Mother, Sibling, Relative, Self.

**Health Care, DCF Employee, Social Services Worker, Physician, Neighbor, Licensed Day Care, Residential Provider, Attorney, Clergy, Shelter, Rape Crisis, Foster Parent, Multiple Reporters, Other-unspecified.

FAR: Reporter by Region

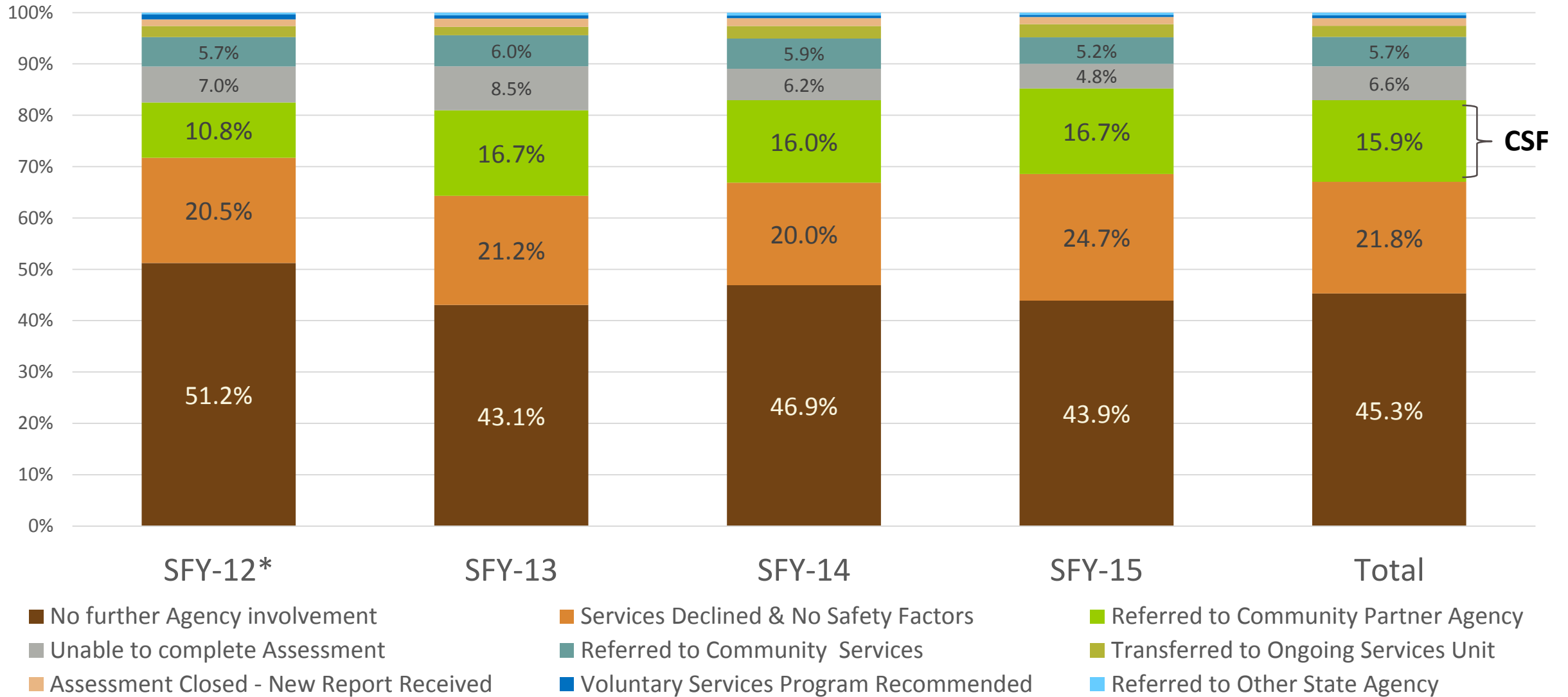


■ School Personnel
 ■ Police
 ■ Anonymous
 ■ Mental Health
 ■ Self/Family*
 ■ Hospital
 ■ Court Professional
 ■ Other**

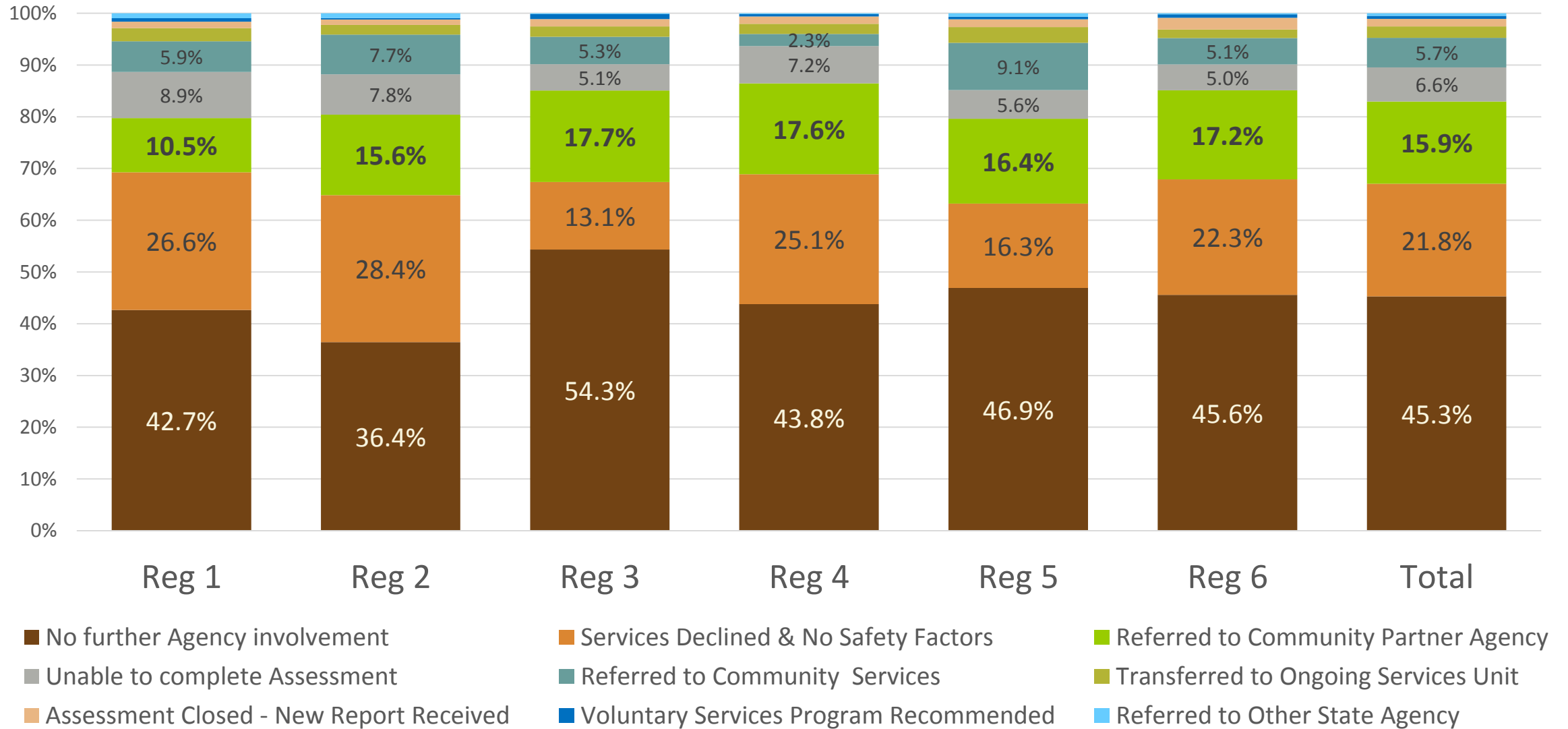
*Father, Mother, Sibling, Relative, Self.

**Health Care, DCF Employee, Social Services Worker, Physician, Neighbor, Licensed Day Care, Residential Provider, Attorney, Clergy, Shelter, Rape Crisis, Foster Parent, Multiple Reporters, Other-unspecified, Missing.

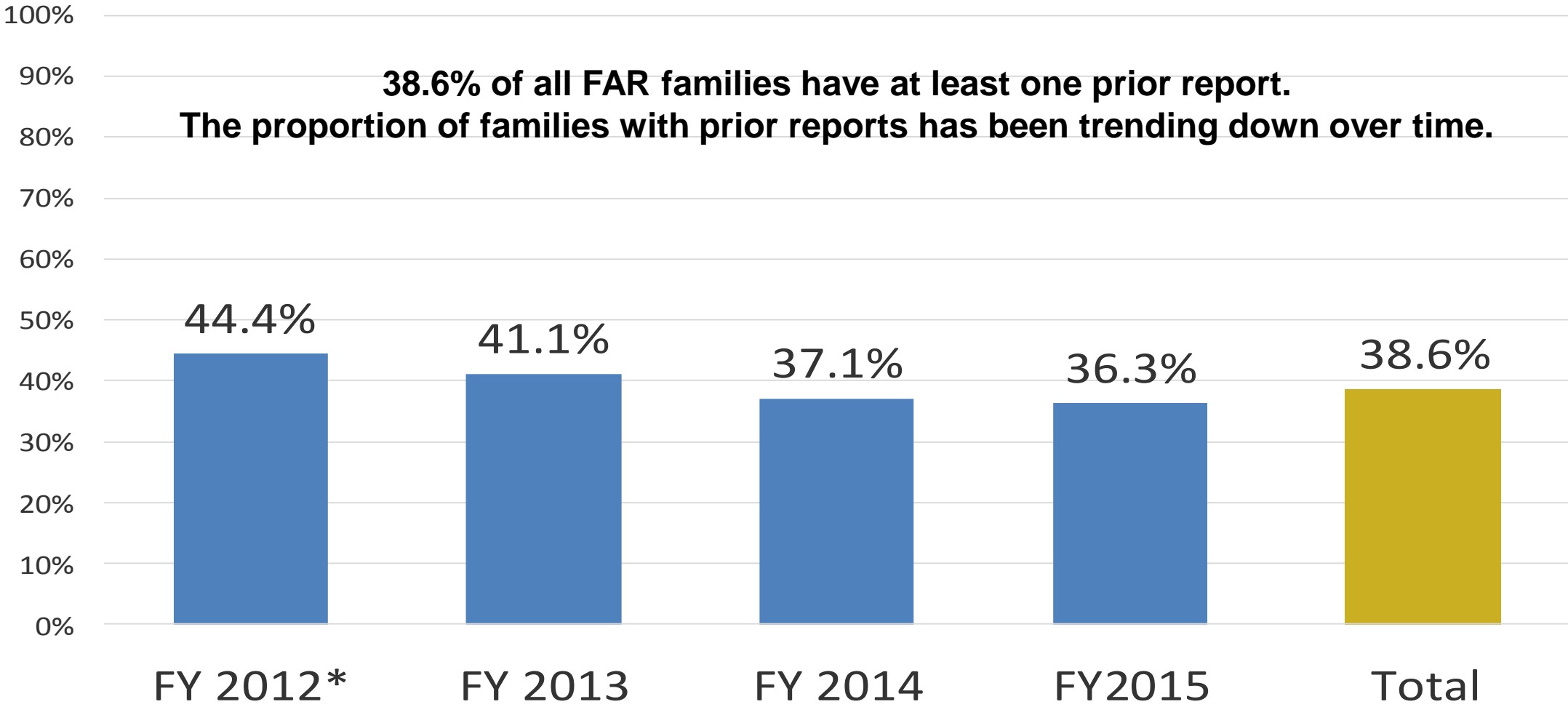
First FAR Report Disposition by Fiscal Year



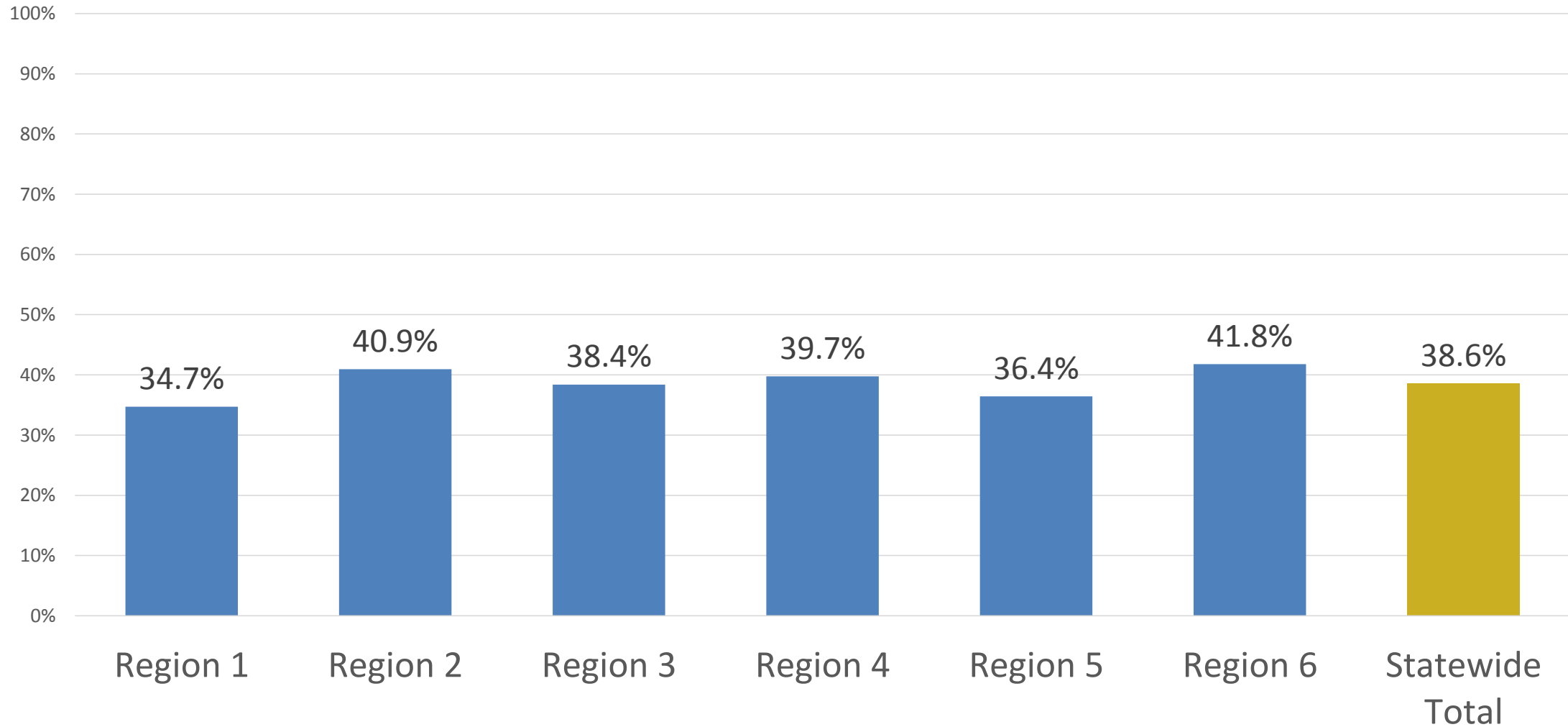
FAR Disposition by Region



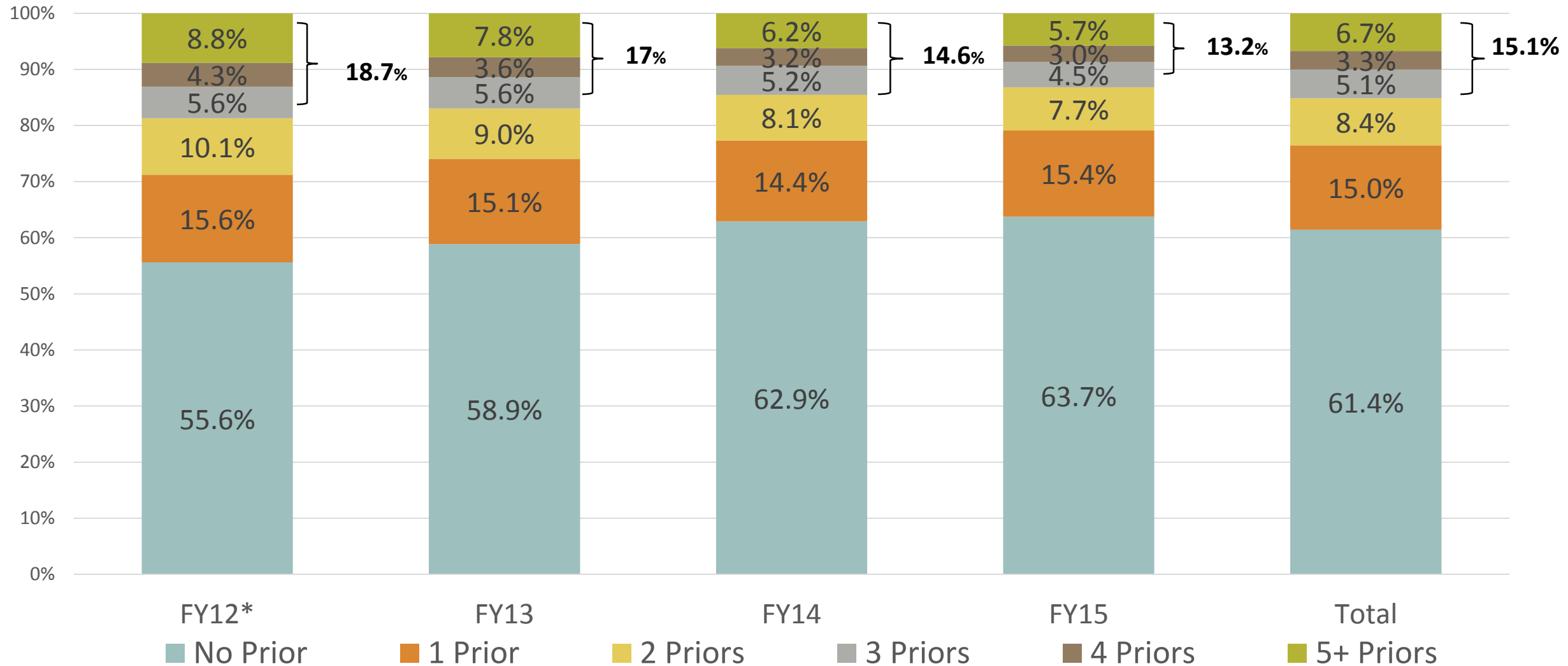
Unduplicated FAR Families with Any Prior Reports by Fiscal Year



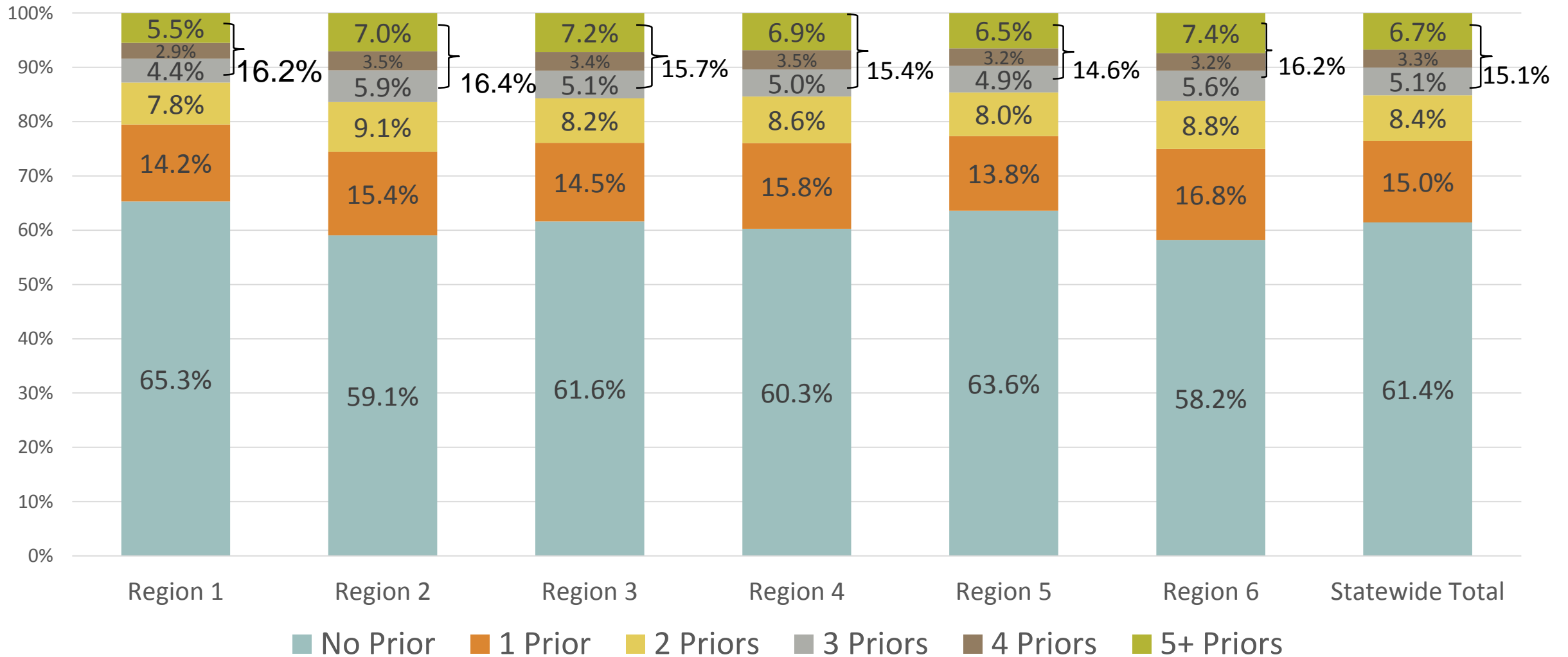
Unduplicated FAR Families with Any Prior Reports by Region



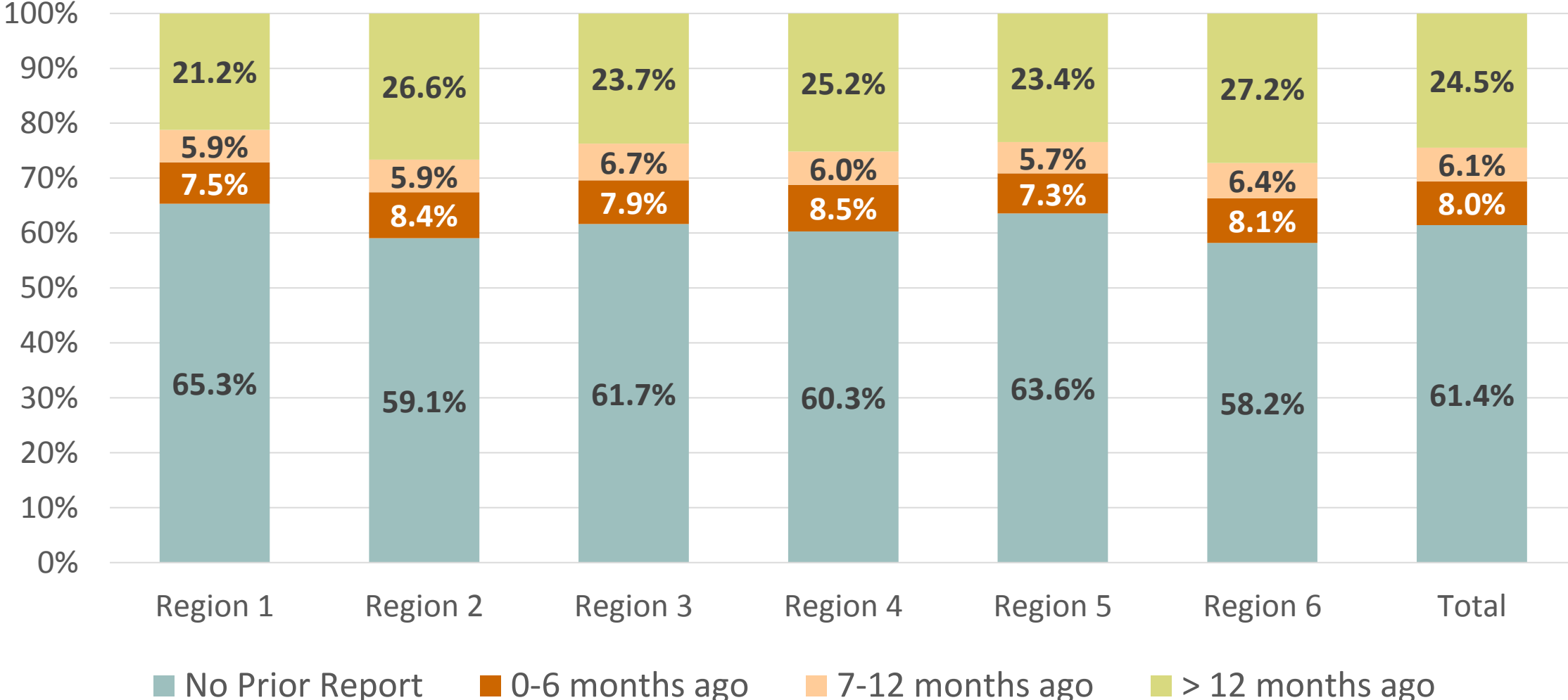
Unduplicated FAR Families with Multiple Prior Reports by Fiscal Year



Unduplicated FAR Families with Multiple Prior Reports by Region

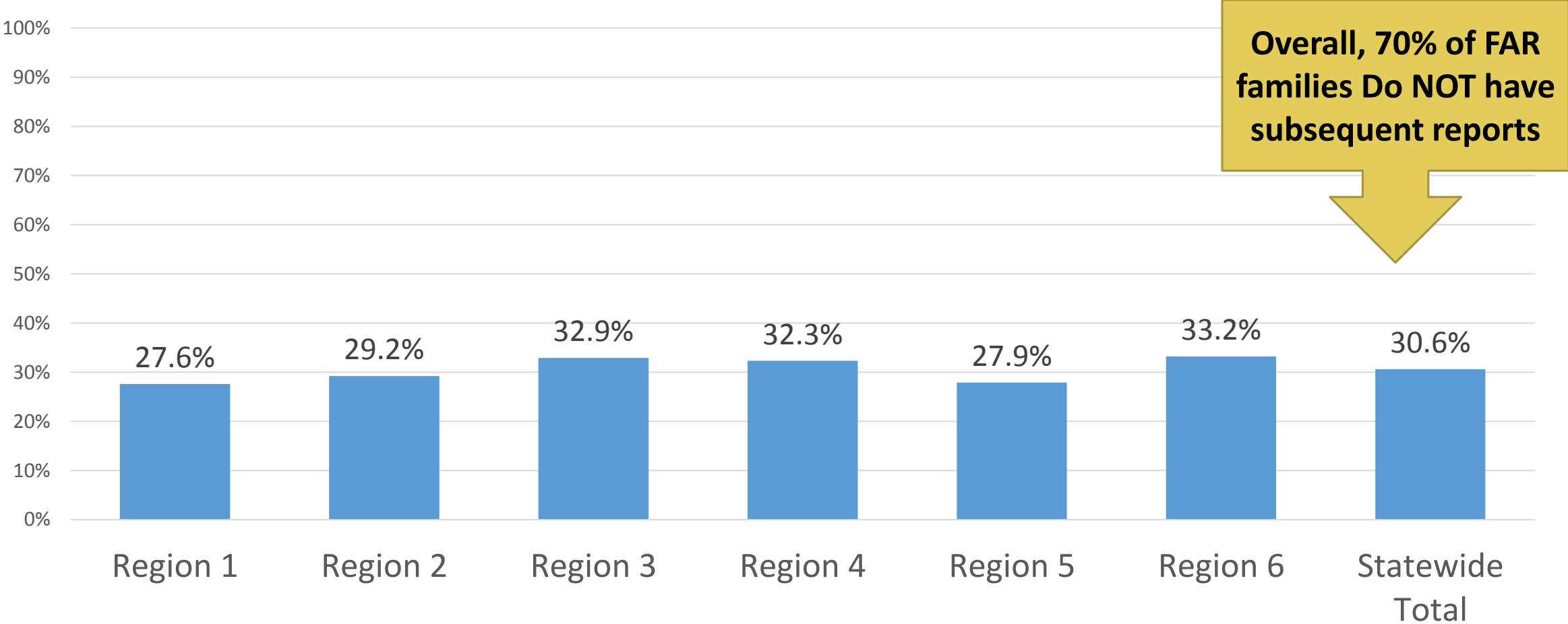


Time Frame for Prior Reports by Region (FAR)

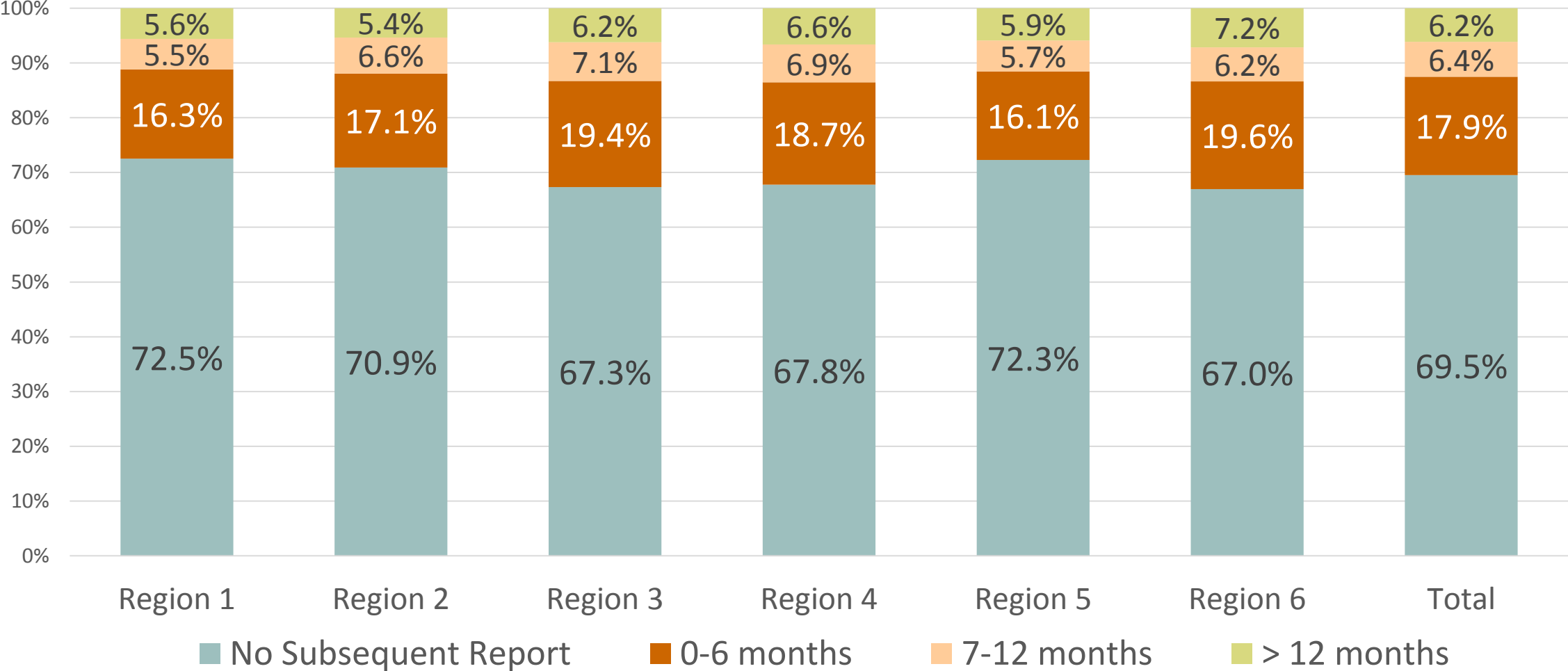


Of the families that had prior report, the highest proportion occurred more than 12 months before the first FAR acceptance date.

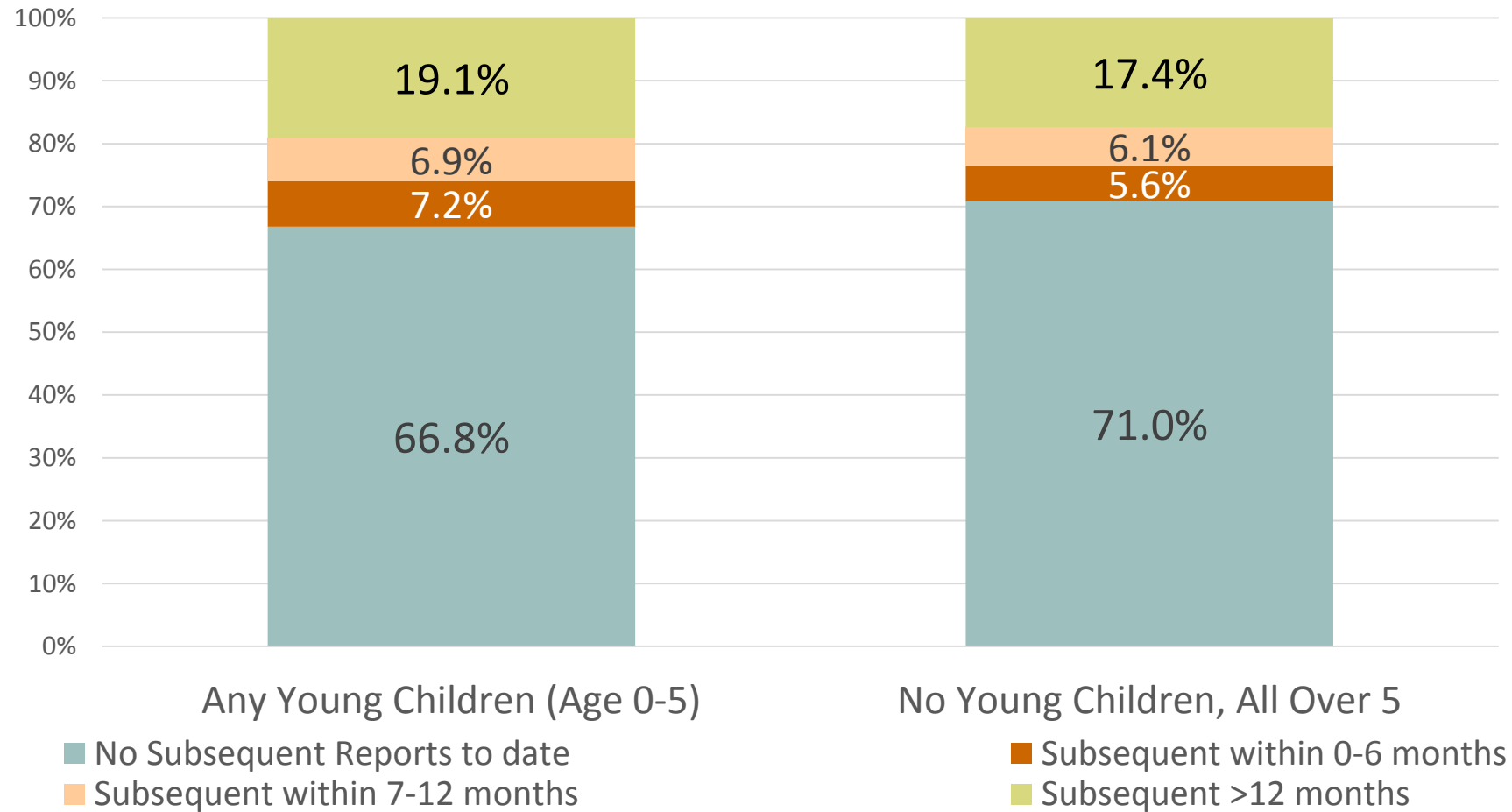
Unduplicated FAR Families with Any Subsequent Reports by Region



Time Frame for First Subsequent Report after First FAR Protocol Approval Date by Region



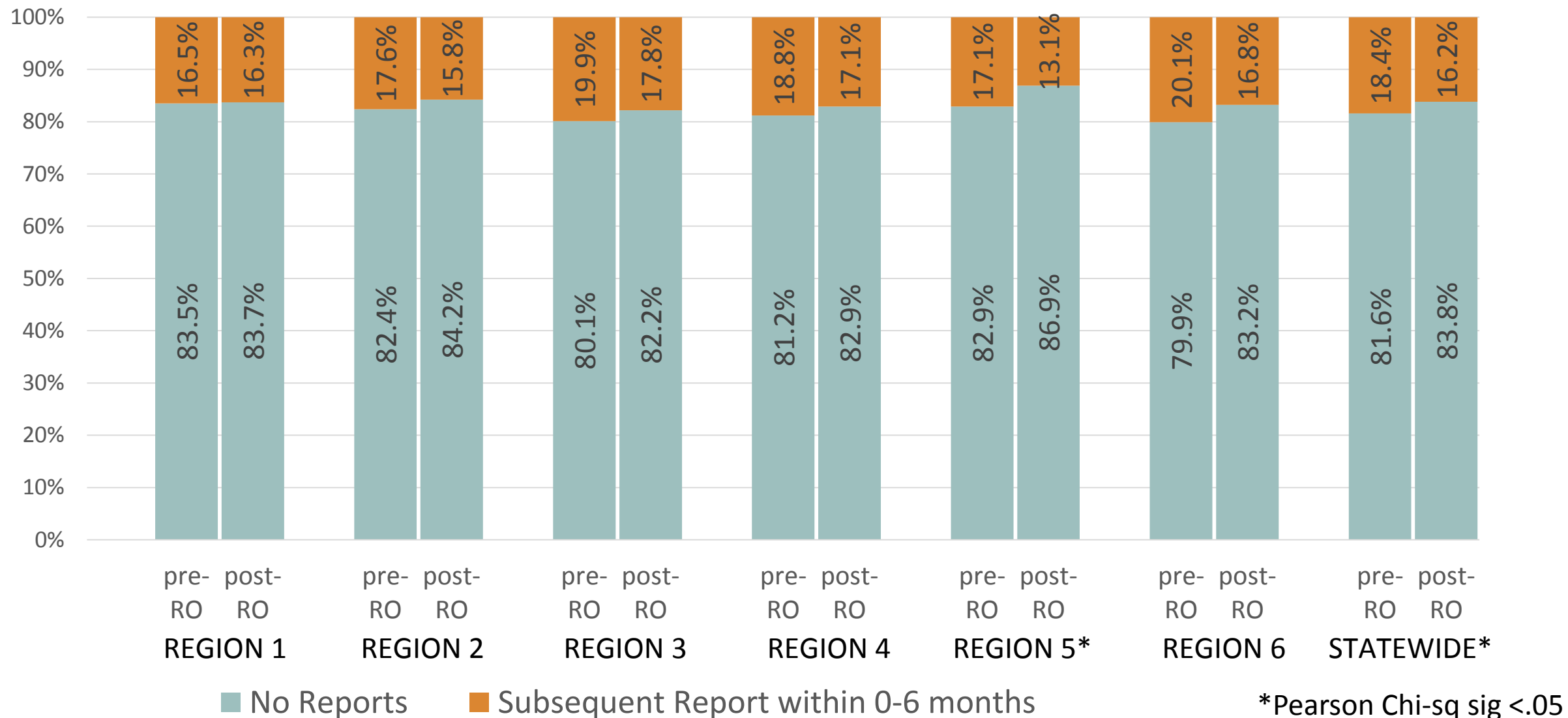
FAR Families: Time Frame of Subsequent Reports for Families with or without Young Children (age 0-5)



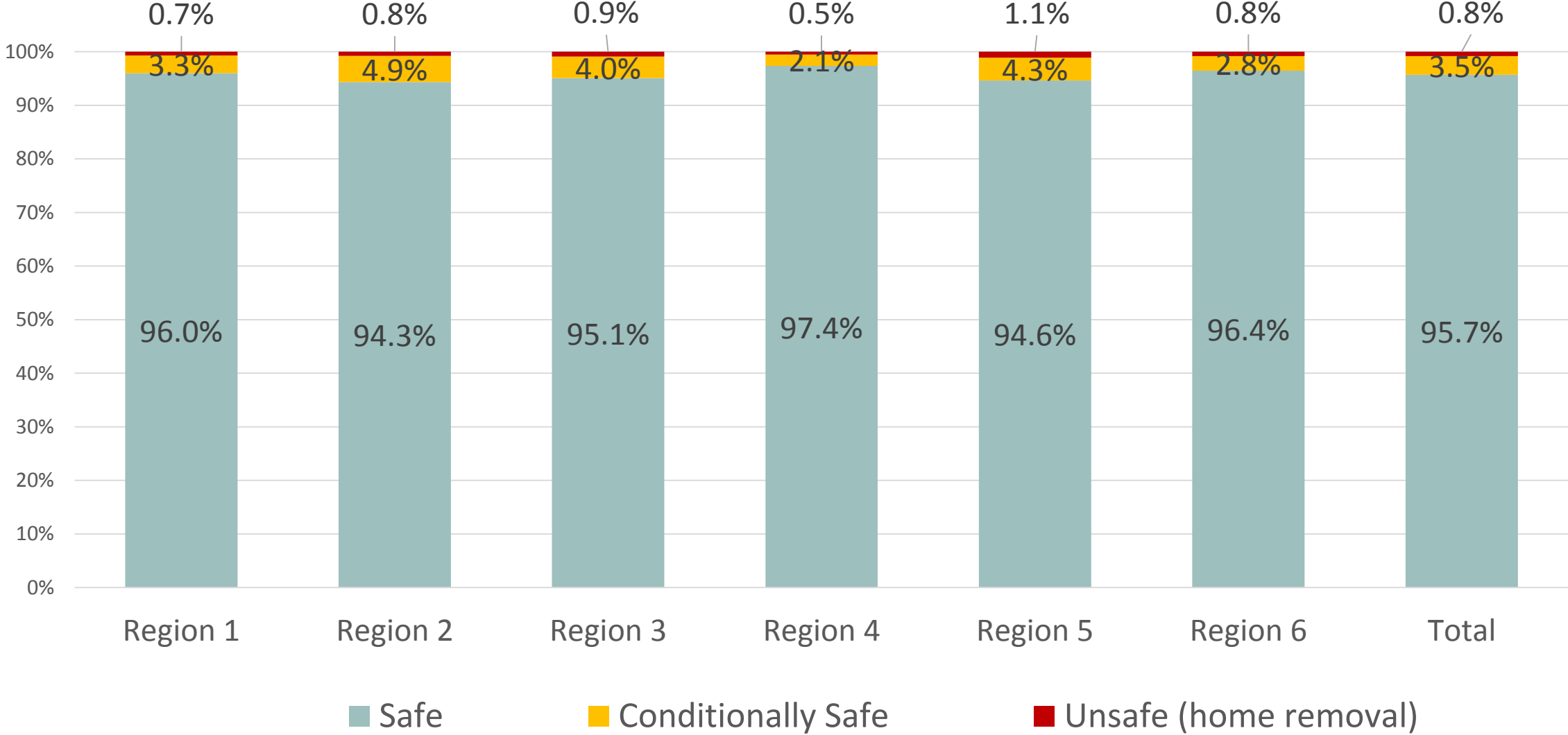
Those FAR families with young children are more likely to have a subsequent report.

Timing of First Report Received after First FAR Approval Date

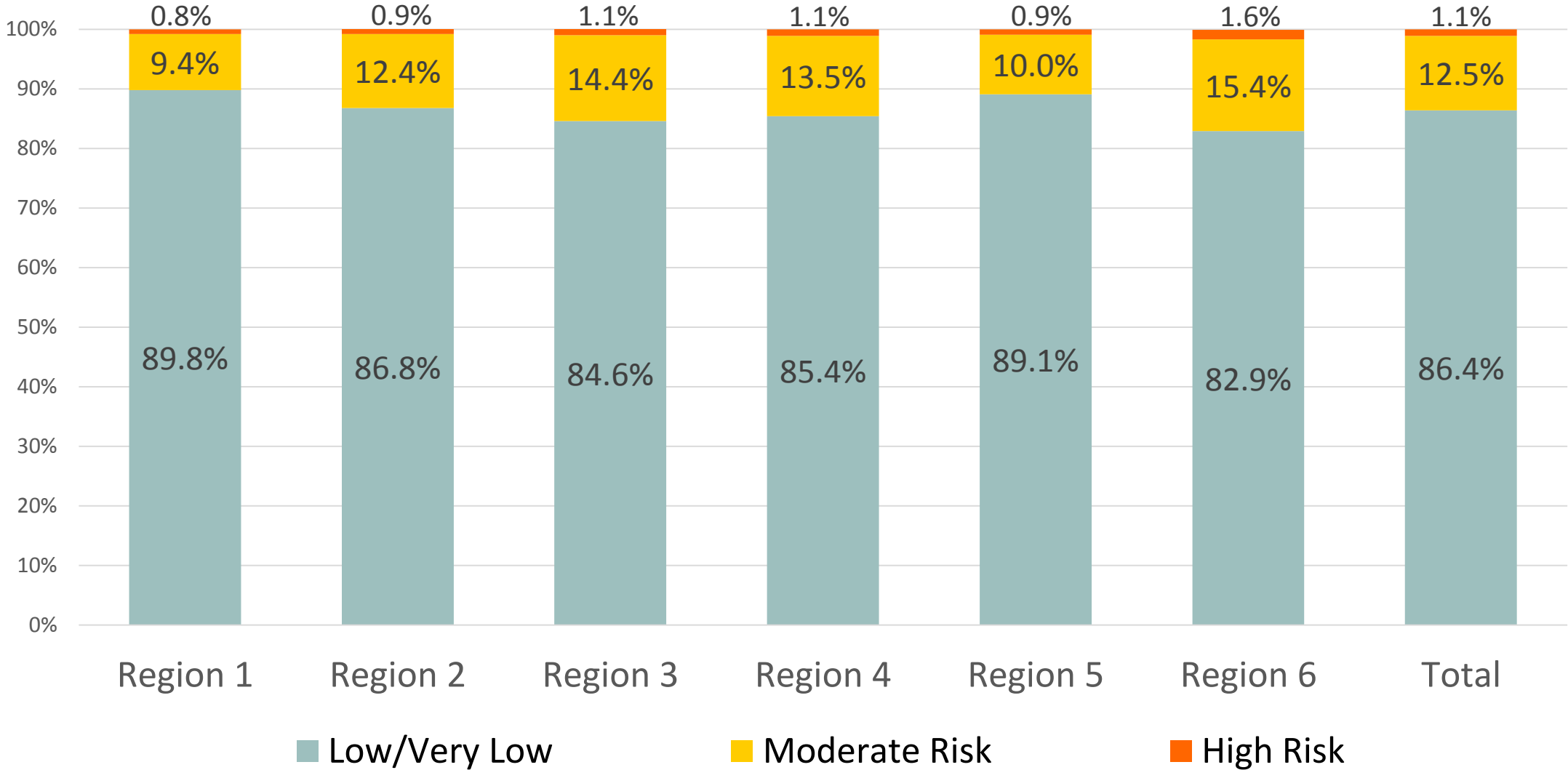
Comparing PRE/POST 'New Rule Out' (6/1/14); Families whose FF approval was 6+ mo. ago



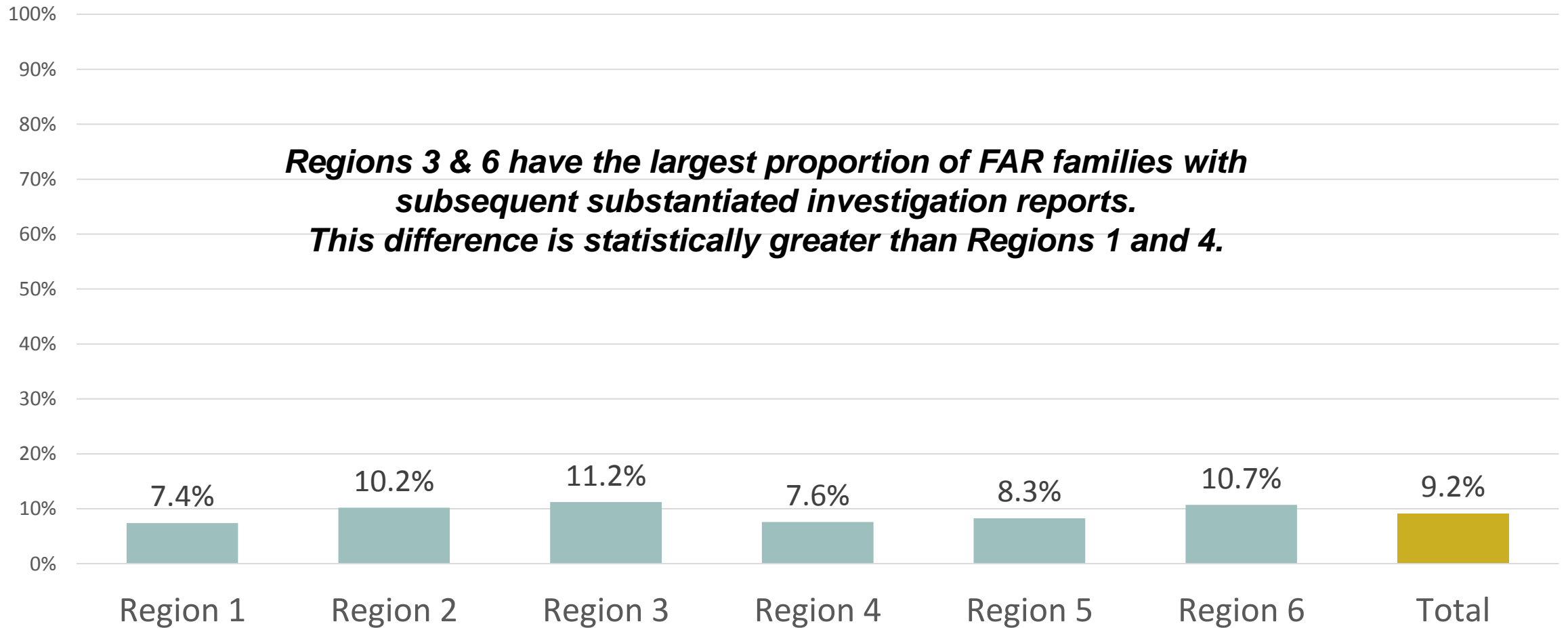
Unduplicated FAR Families* by Subsequent Protocol Safety Assessment



Unduplicated FAR Families by Subsequent Protocols Risk Assessment :

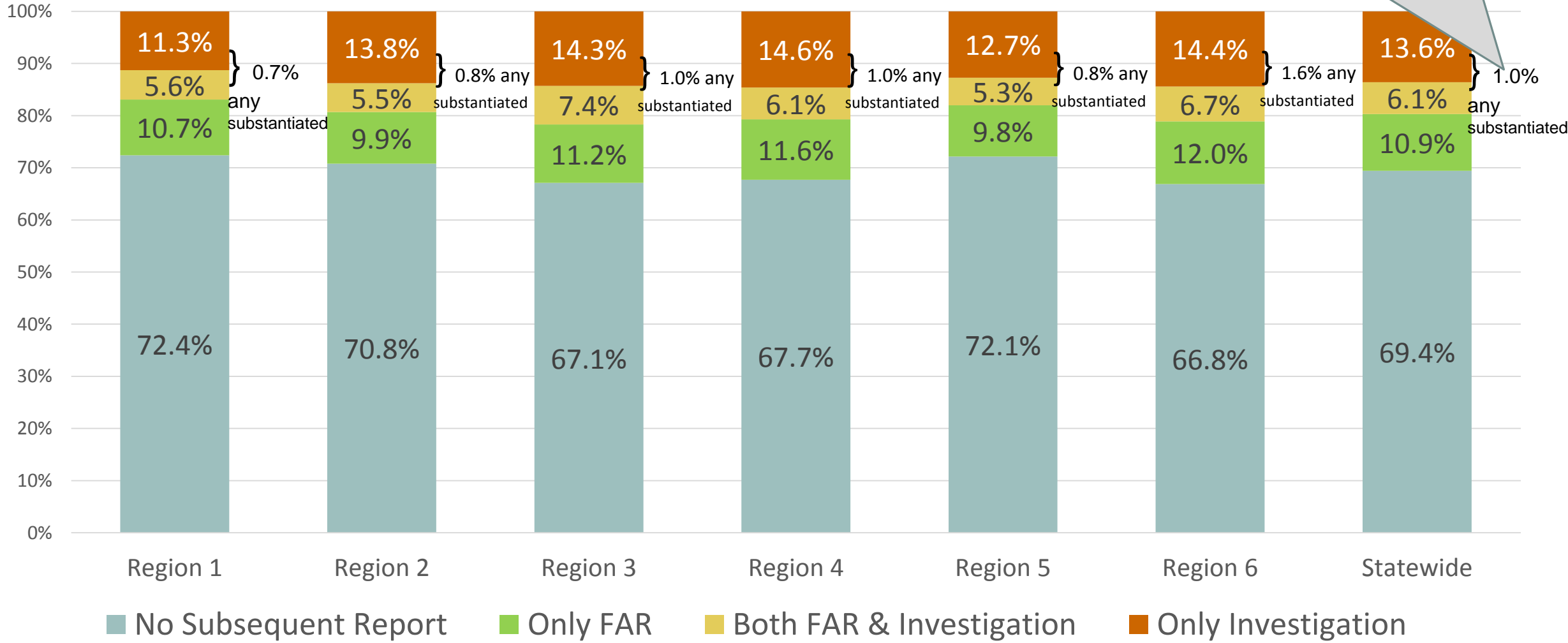


FAR Families with Any Subsequent Substantiated Investigation Reports by Region

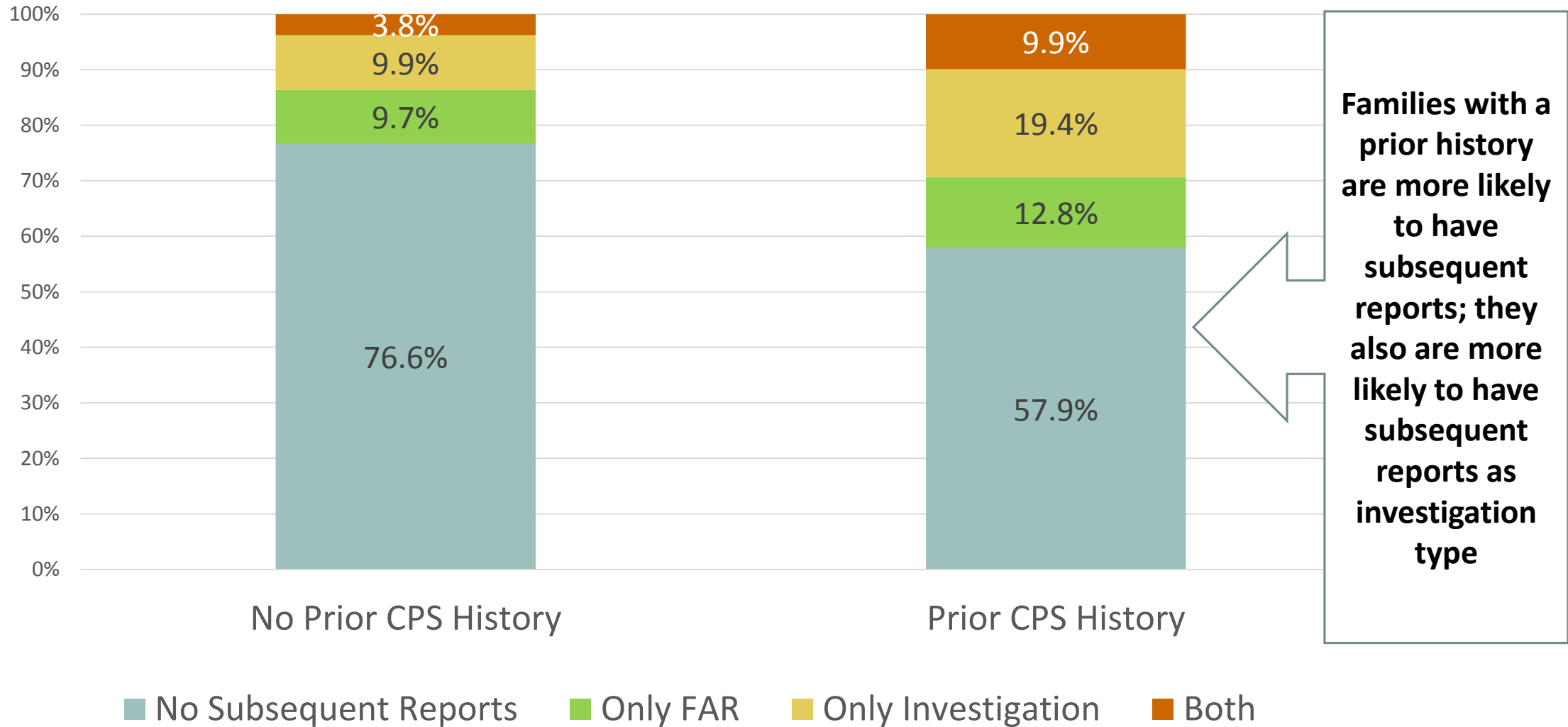


Unduplicated FAR Families with Any Subsequent Report by Type of Response within Region

Overall, 5% of FAR families with any investigation report had a substantiated report (1% of all families)

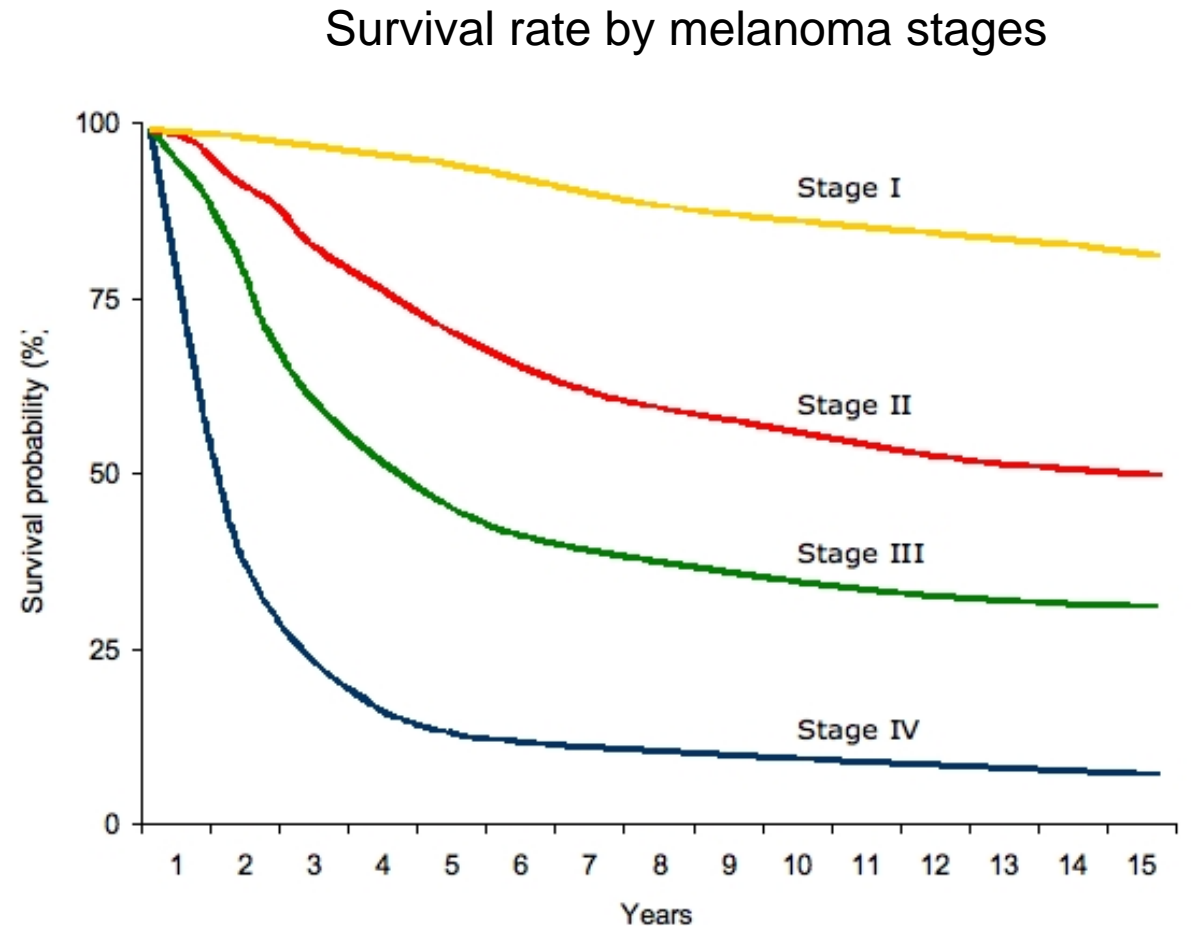


FAR Families - Type of Subsequent Reports by Prior Reports

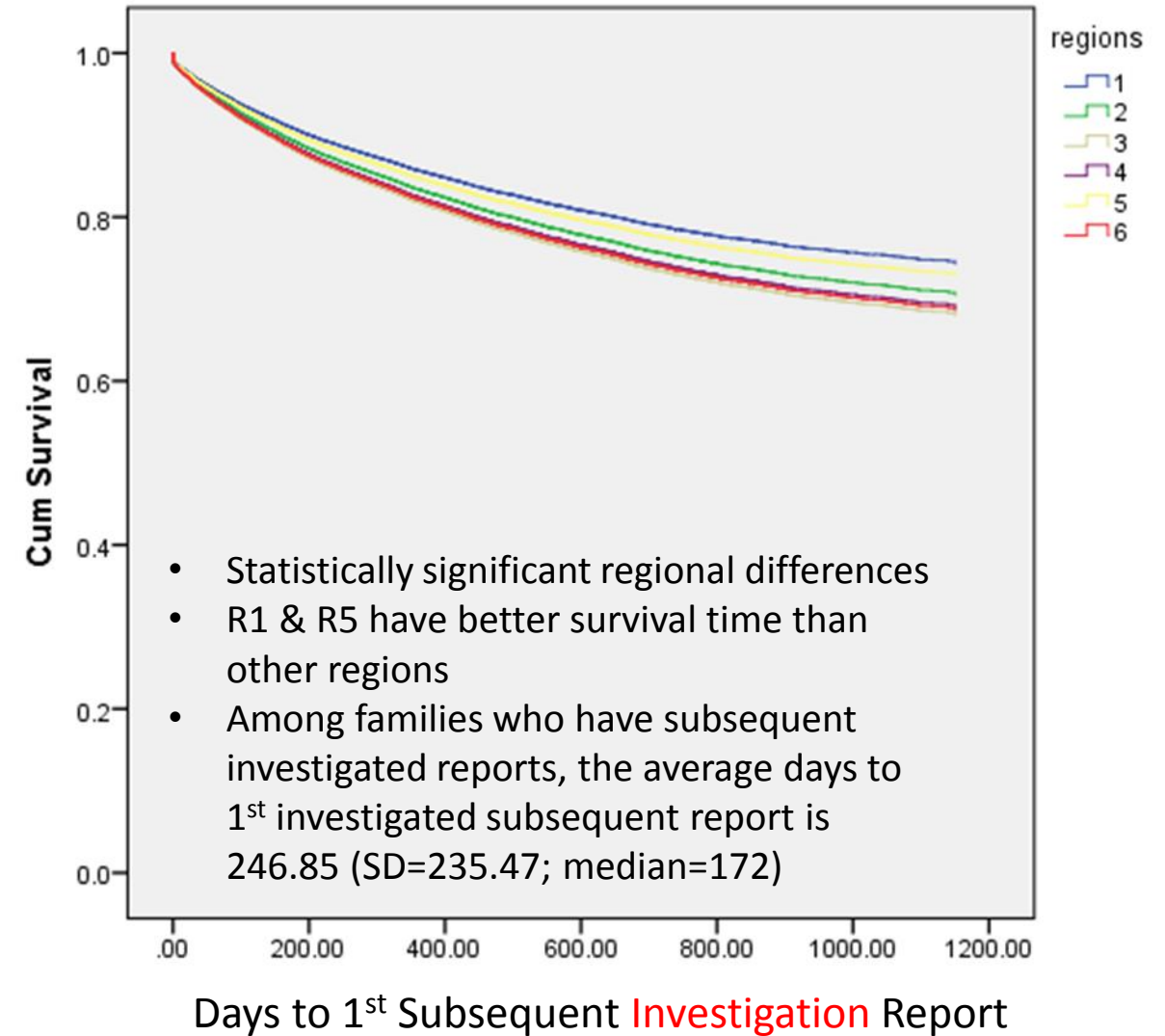
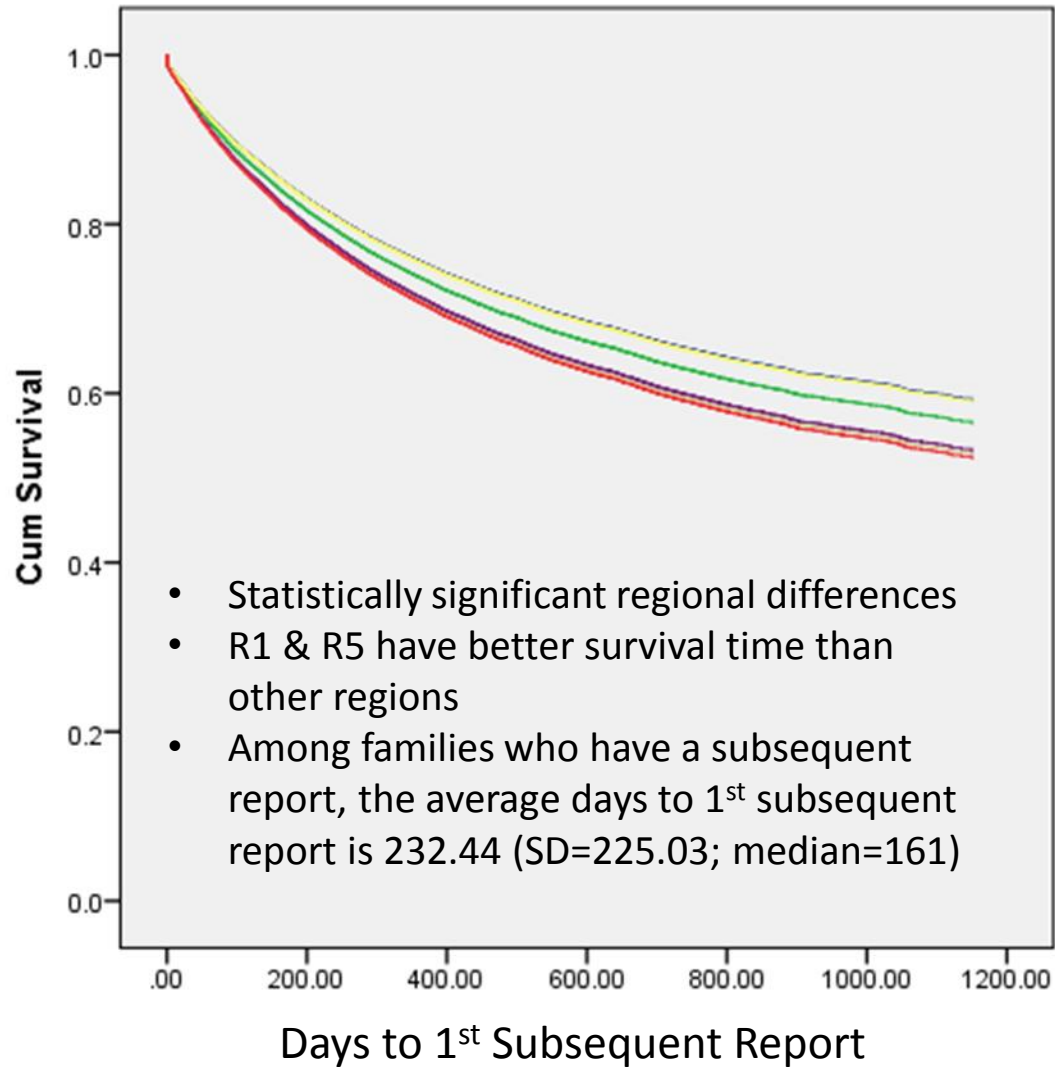


Survival Analysis Overview

- Survival analysis is used to analyze data in which the **time until the event** is of interest.
- Unique feature of survival analysis is cases with incomplete information of time to the event are **censored**.
- How to read survival graphics:
 - Groups with better survival rate (longer time until the event) has a flatter line over time.
 - Groups with worse survival rate (shorter time until the event) has sharply declining line over time.
 - e.g. graphic on the right showing overall survival rates for each stage of Melanoma (I through IV). Stage I has best survival rate compared to other Stages.



Survival Time to 1st Subsequent & 1st Subsequent **Investigation** Report by Region

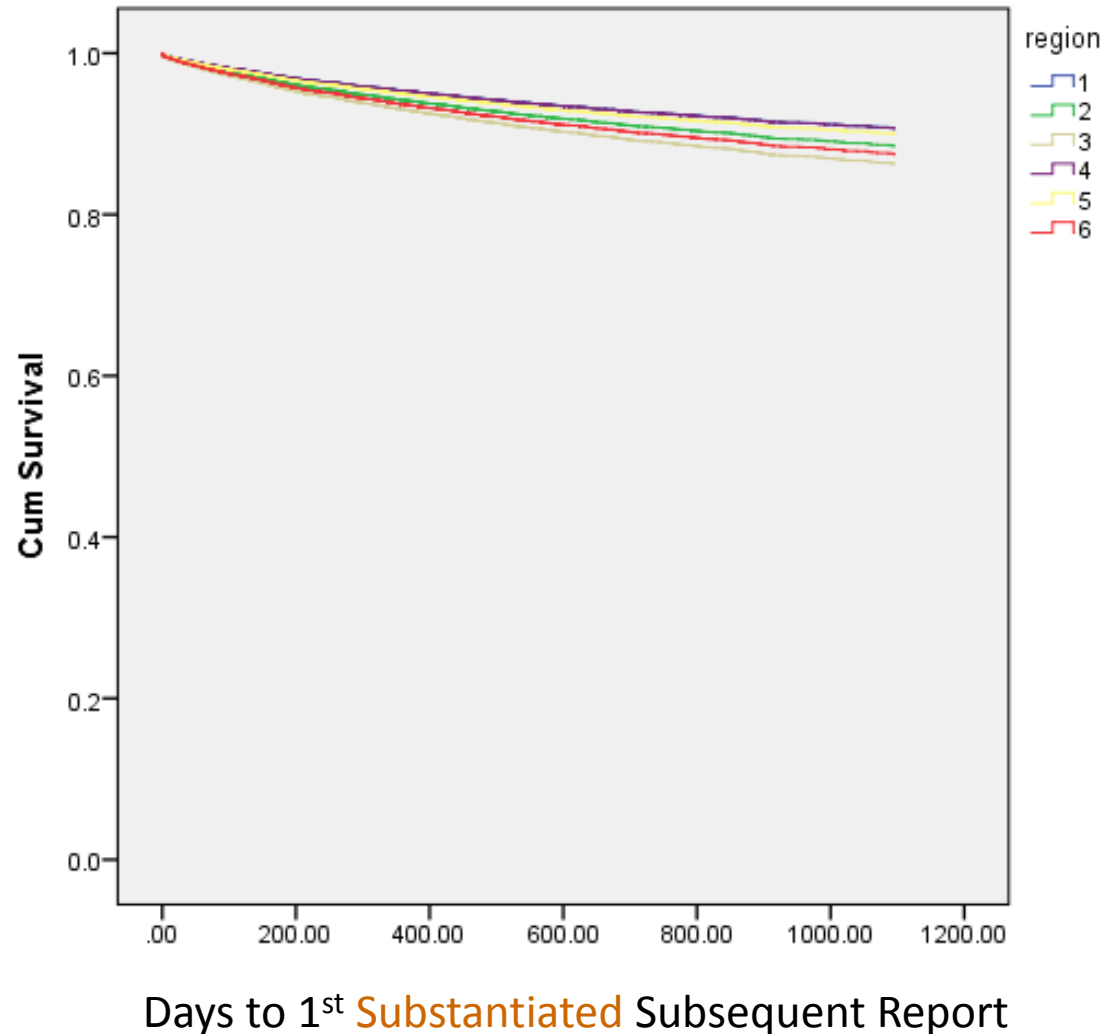


Factors Associated With Survival Rate of Subsequent Reports

- Regions
 - Regions 1 & 5 have better survival rates to 1st subsequent and investigation report than other regions.
 - Region 3 has 25% (33%) increased risk compared to region 1 or 5.
 - Region 4 has 16% (21%) increased risk compared to region 1 or 5.
 - Region 6 has 19% (21%) increased risk compared to region 1 or 5.
- Number of prior reports
 - Each additional prior report is associated with 12% (13%) increased risk of subsequent report.
- Family composition
 - Two parent family: 18% (16%) decreased risk compared to other family compositions
- No further involvement disposition for 1st FAR
 - 29% (35%) decreased risk compared to other type of dispositions
- Family with children 0-5
 - 31% (45%) increased risk compared to family with older kids
- Reported by
 - Police: 18% (18%) decreased risk compared to report by others
 - School personnel: not associated with the risk of subsequent report

* % in () is the risk for subsequent investigation report

Survival Time to **Substantiated** Subsequent Report by Region



- Statistically significant regional differences
- R1, R4, & R5 have better survival rates than other regions
- Among families who have any subsequent report, the average days to 1st **substantiated** subsequent report is 278.04 (SD=248.81; median=202.50)
- Factors associated with higher risk of any **substantiated** subsequent report
 - # of prior reports
 - Family with children 0-5
- Factors associated with lower risk of any **substantiated** subsequent report
 - Family composition=two parents
 - 1st FAR disposition=no further agency involvement

FAR Data Discussion

- **The families being referred to FAR share many of the same demographic characteristics that are seen in other differential response systems.**
 - Families are concentrated in areas of high poverty.
 - The number of families with prior reports has been decreasing over time, especially those families with three or more prior reports.
 - The majority of prior reports occurred seven or more months before the first FAR.
 - The majority of FAR dispositions are “No further agency involvement”.
 - The type of reporter has remained relatively stable over time, with a slight increase of reports by police.
 - The majority of FAR families do not have subsequent reports.

FAR Data Discussion

- Families with younger children are more likely to have a subsequent report.
- Families with a prior history are more likely to have subsequent reports; they also are more likely to have subsequent reports as investigation type.
- Factors associated with having a better outcome (i.e., longer time to subsequent report) include; having a two parent family, receiving a disposition of “no further agency involvement,” and being reported to DCF by the police.
- Factors associated with having a negative outcome (i.e., shorter time to subsequent report) include: more prior reports and having young children.

Questions??



CSF

COMMUNITY SUPPORT FOR FAMILIES

CSF Data Definitions & Notes

Data Set:

- PIE Extract 3/5/2012-6/30/2015

Case Counts:

- Total number of families: 3,933
- Families with 1 episode: 3,752
- Families with multiple episodes: # Families = 181

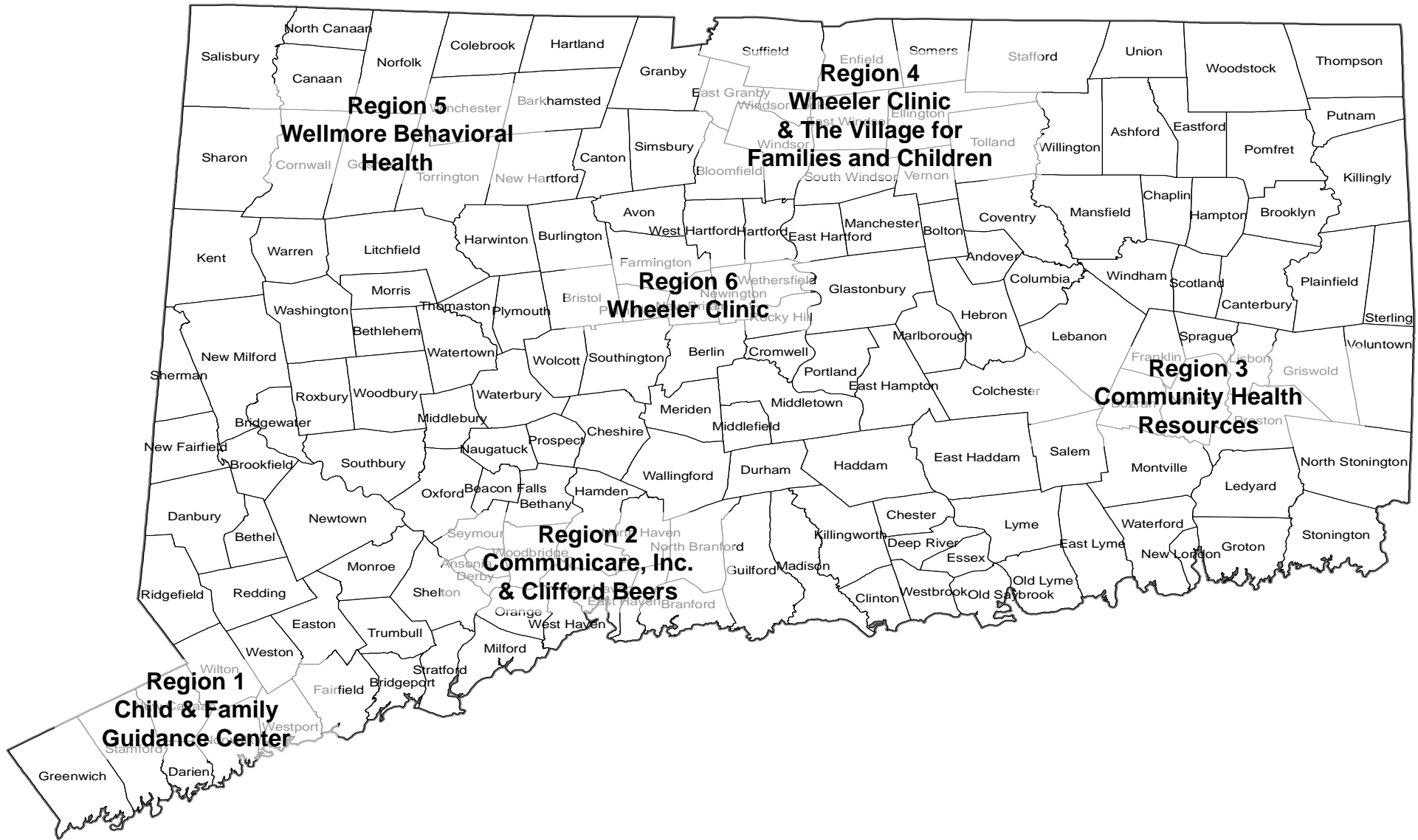
Definitions:

- Episode – refers to a family’s time with CSF (from intake to discharge).
- Referral only – following referral from DCF, the family decides they no longer wish to participate in the program. No face-to-face contact with the family has been made by CSF.
- Evaluation only – if the episode was open less than 45 days, and/or there was no Family Team Meeting and the Plan of Care has not yet been established.
- Subsequent report – 1st report post CSF episode start date.

Attrition Table: Caregiver Dataset

	Cases Removed	Remaining Cases	% of Total Episodes
Total Episodes Present in Data	-	4,736	-
Removed Evaluation Only	321	4,415	6.8%
Removed Probate	83	4,332	1.8%
Removed Data Quality	215	4,117	4.5%

CSF Community Partner Agencies

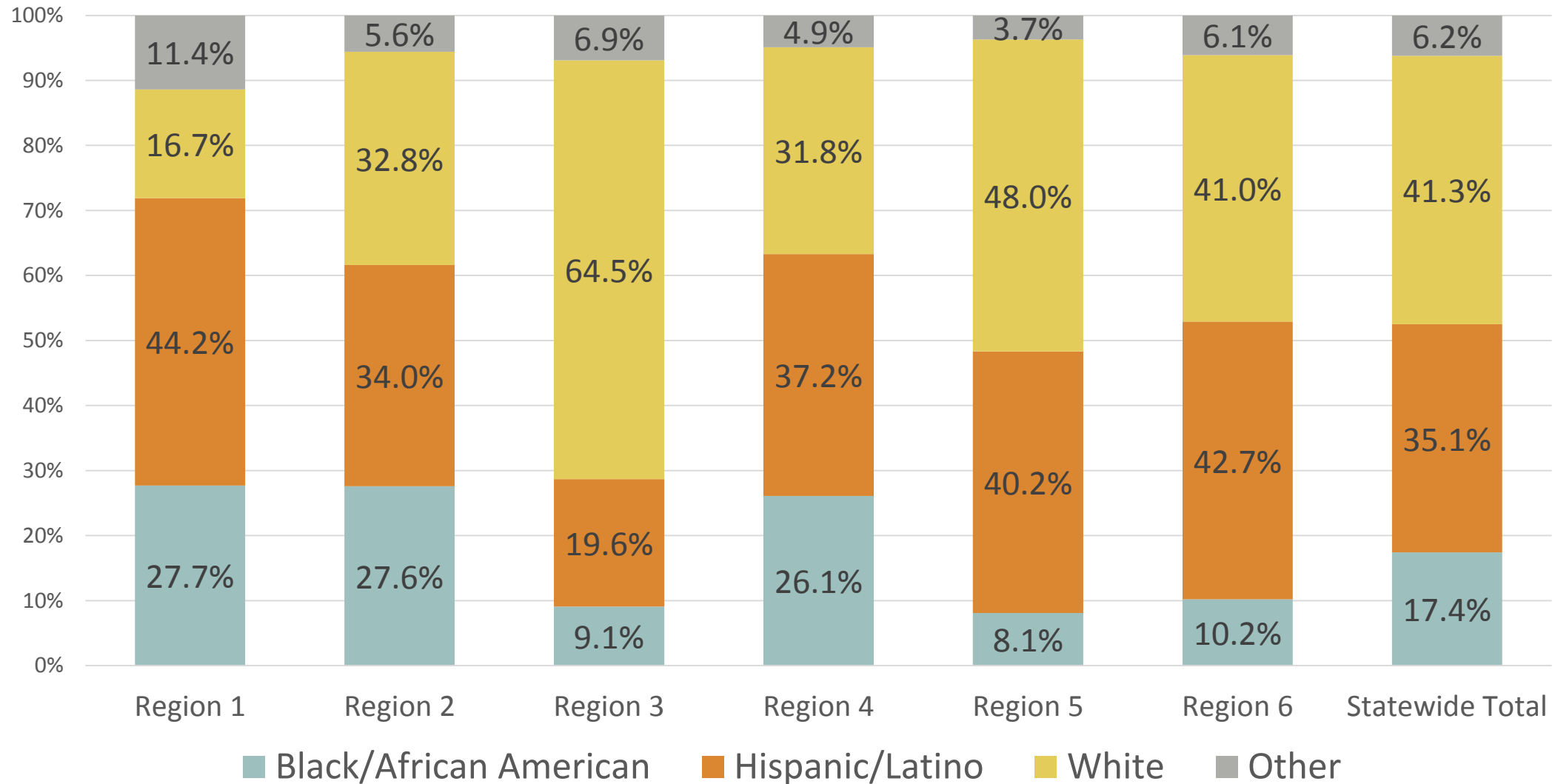


Number of CSF Episodes Served Per Year

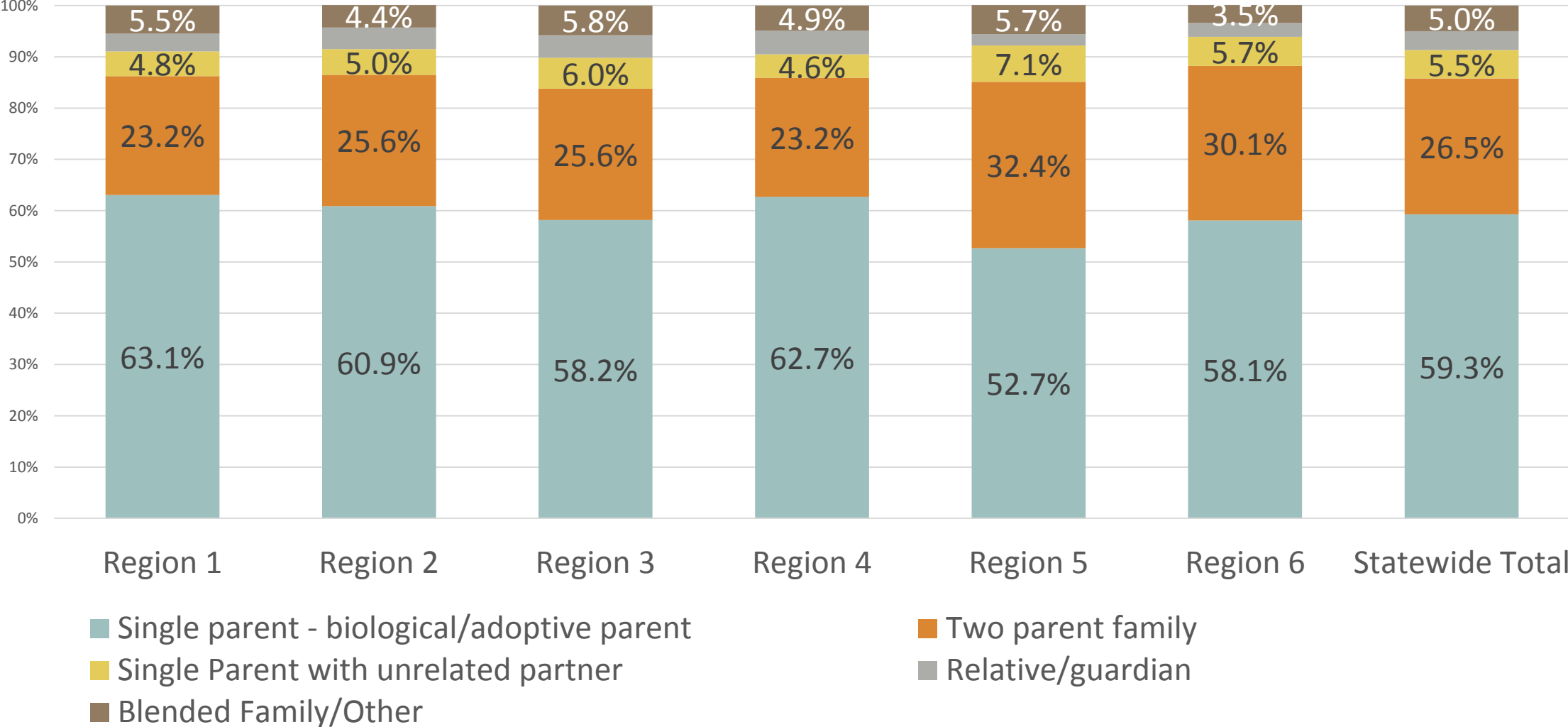
		Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	TOTAL
Federal Fiscal Year	2012*	12	13	20	18	27	21	111
	2013	98	153	236	310	224	235	1256
	2014	146	157	335	276	197	191	1302
	2015	195	176	320	358	176	223	1448
	TOTAL	451	499	911	962	624	670	4117

*Partial fiscal year

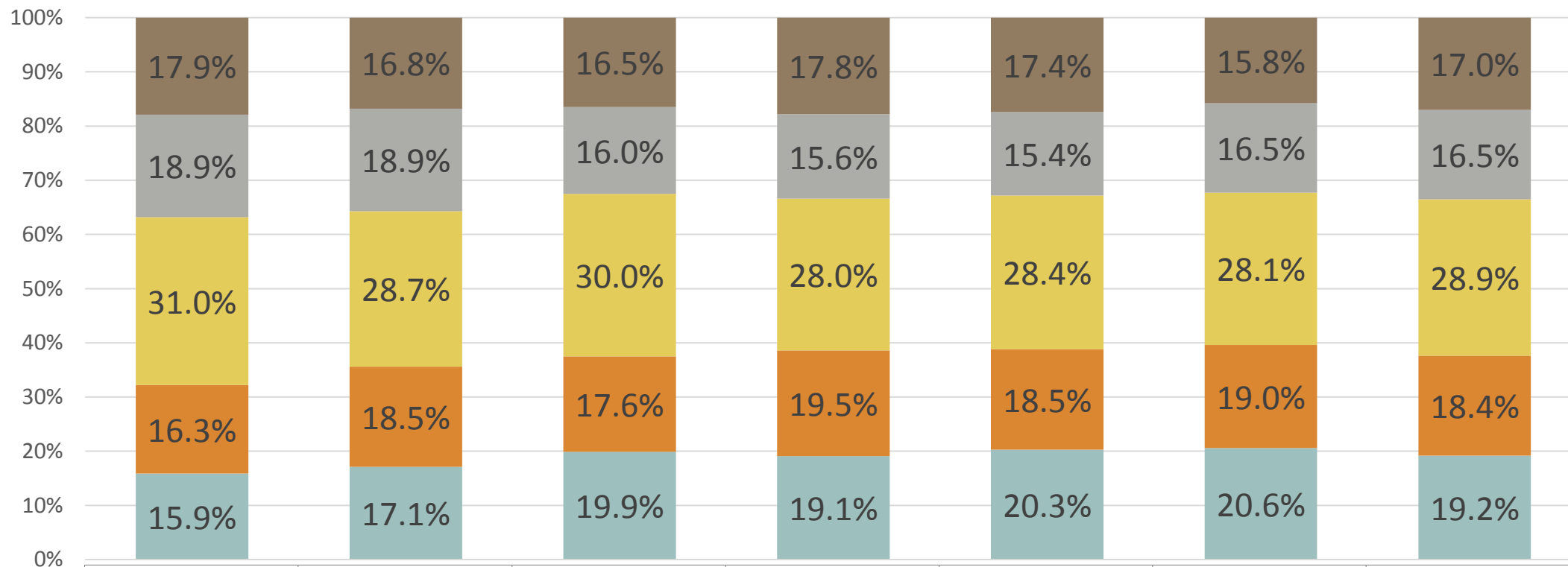
CSF Caregiver Race/Ethnicity by Region



CSF Family Composition by Region



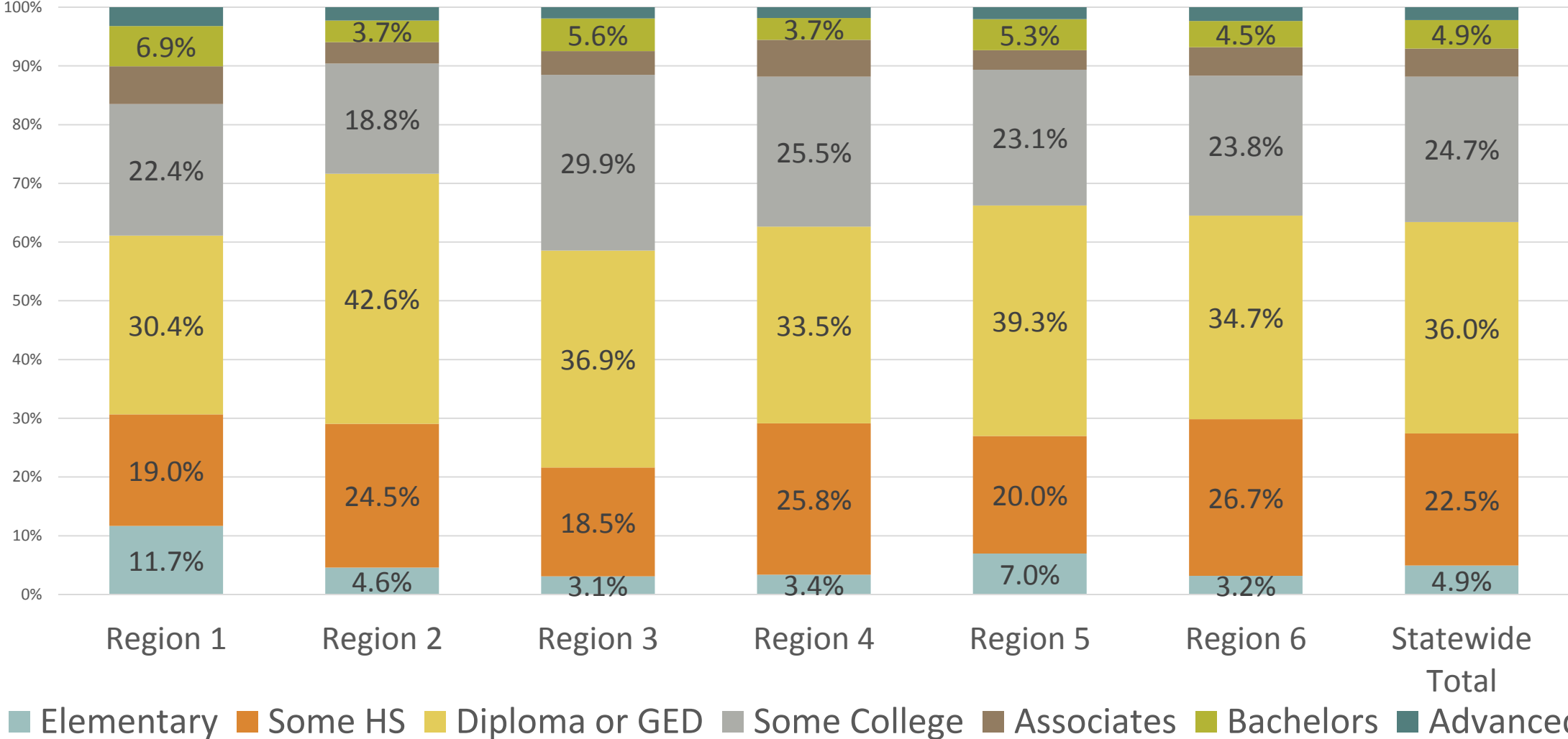
Child Age by Region



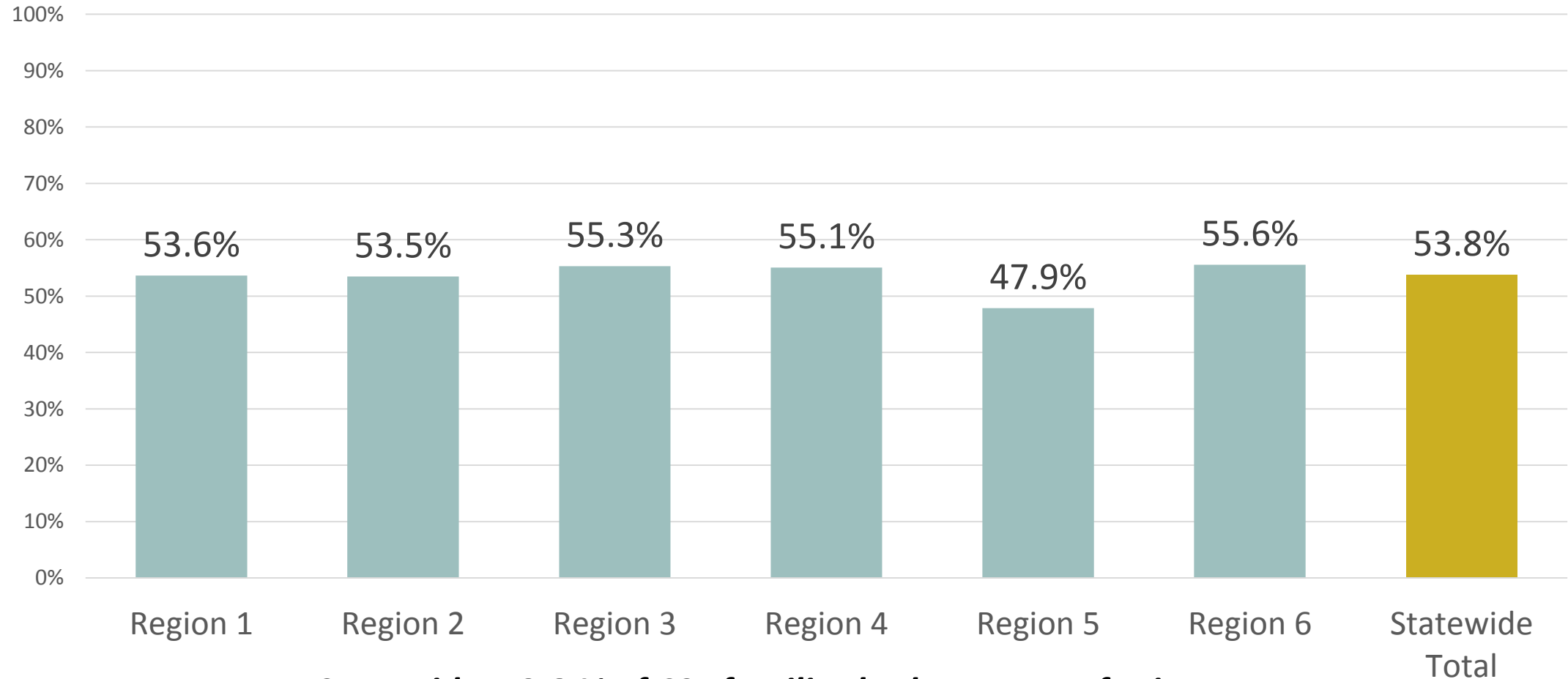
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide Total
Median	8	8	8	7	8	7	8
Mean	8.32	7.99	7.72	7.75	7.76	7.59	7.80
SD	4.88	4.99	5.00	5.12	5.12	5.03	5.04
N	716	903	1712	1887	1213	1232	7663

■ 0 - 2
 ■ 3 - 5
 ■ 6 - 10
 ■ 11 - 13
 ■ 14 - 17

CSF Caregiver Education Level by Region

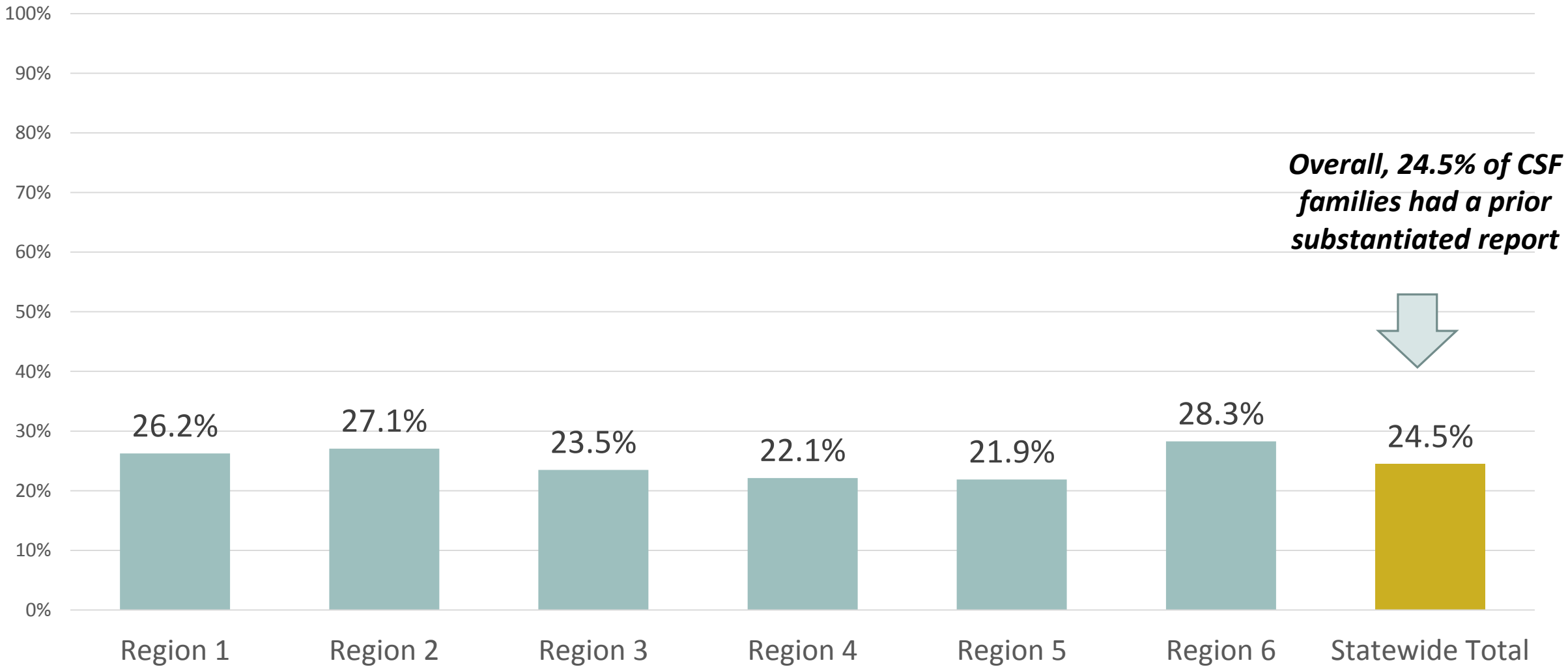


CSF Prior Reports by Region



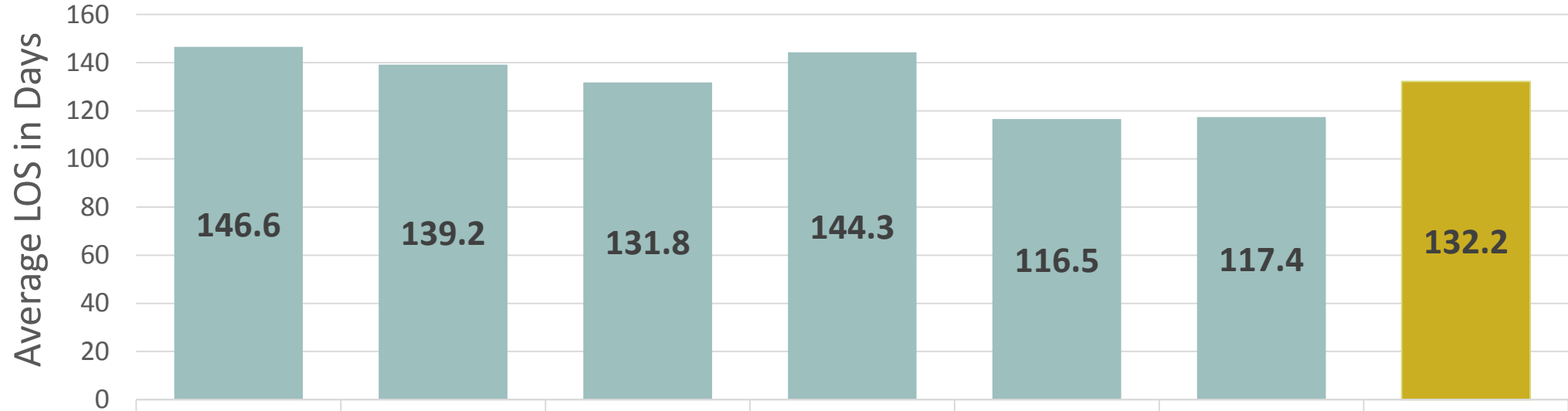
Statewide, 53.8 % of CSF families had any type of prior report.

CSF Prior Substantiated Reports by Region



CSF Families Average Length of Service in Days by Region

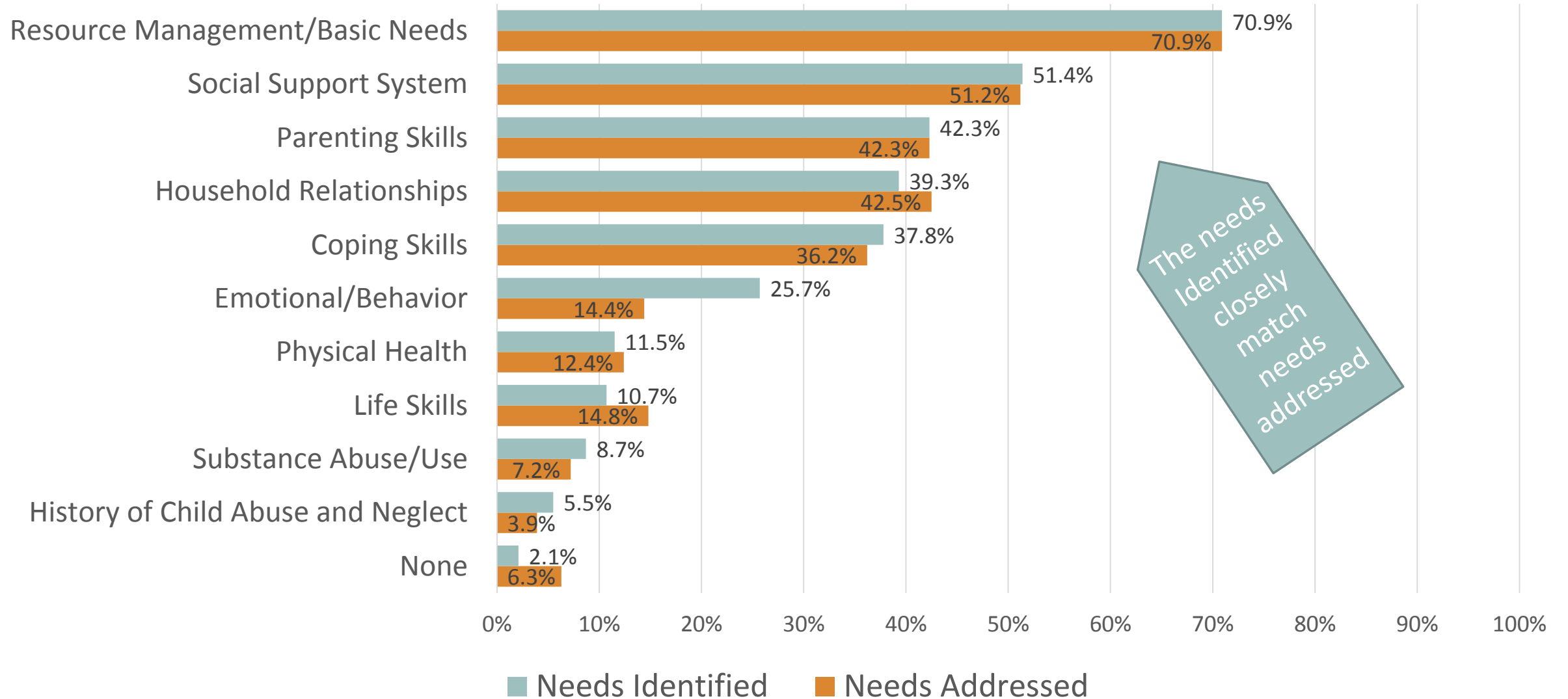
Family Episodes – discharged



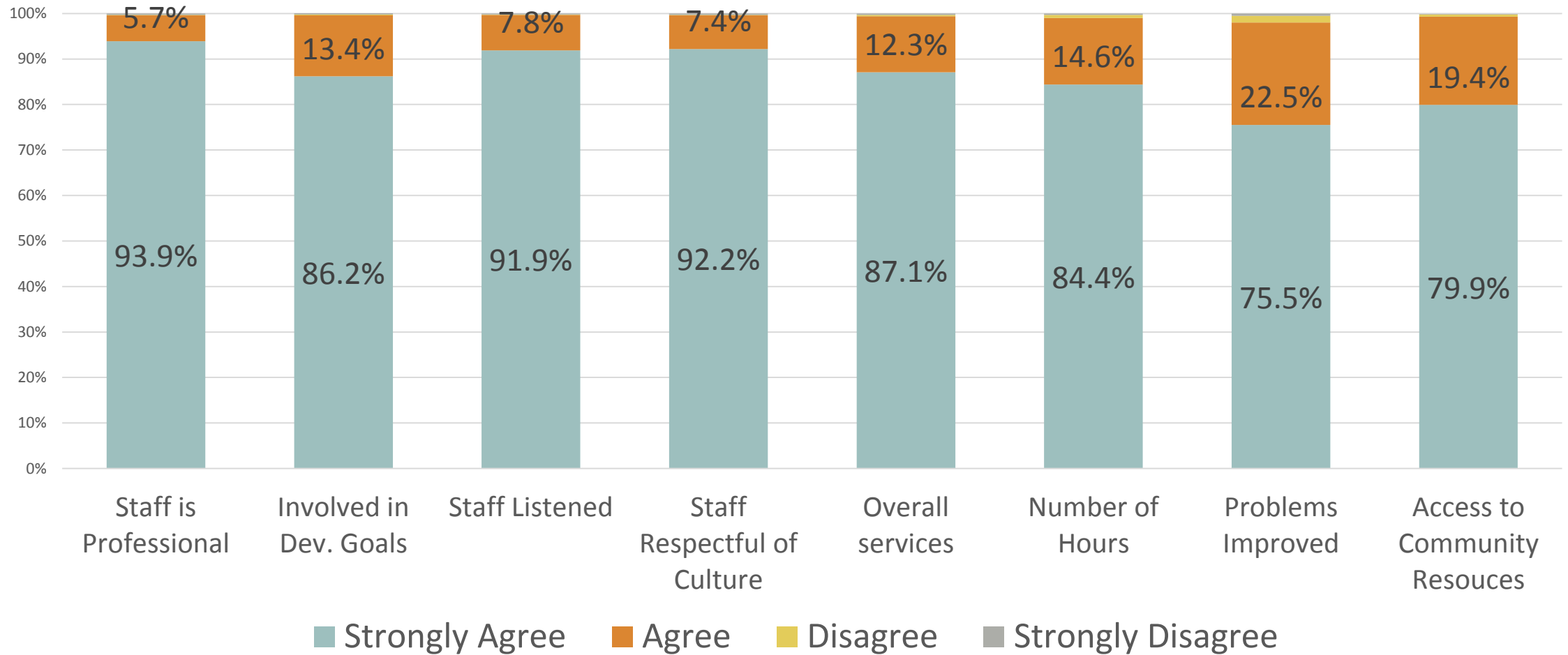
	R1	R2	R3	R4	R5	R6	Statewide
Average LOS	146.6	139.2	131.8	144.3	116.5	117.4	132.2
Std Dev	71.5	64.4	50.1	70.9	58.3	62.0	63.6
Min	7	7	20	1	1	1	1
Max	344	357	284	347	309	354	357
N	375	402	765	771	574	555	3442

The average length of service in the program was 132 days or just over four months.

CSF Family Needs Identified and Addressed

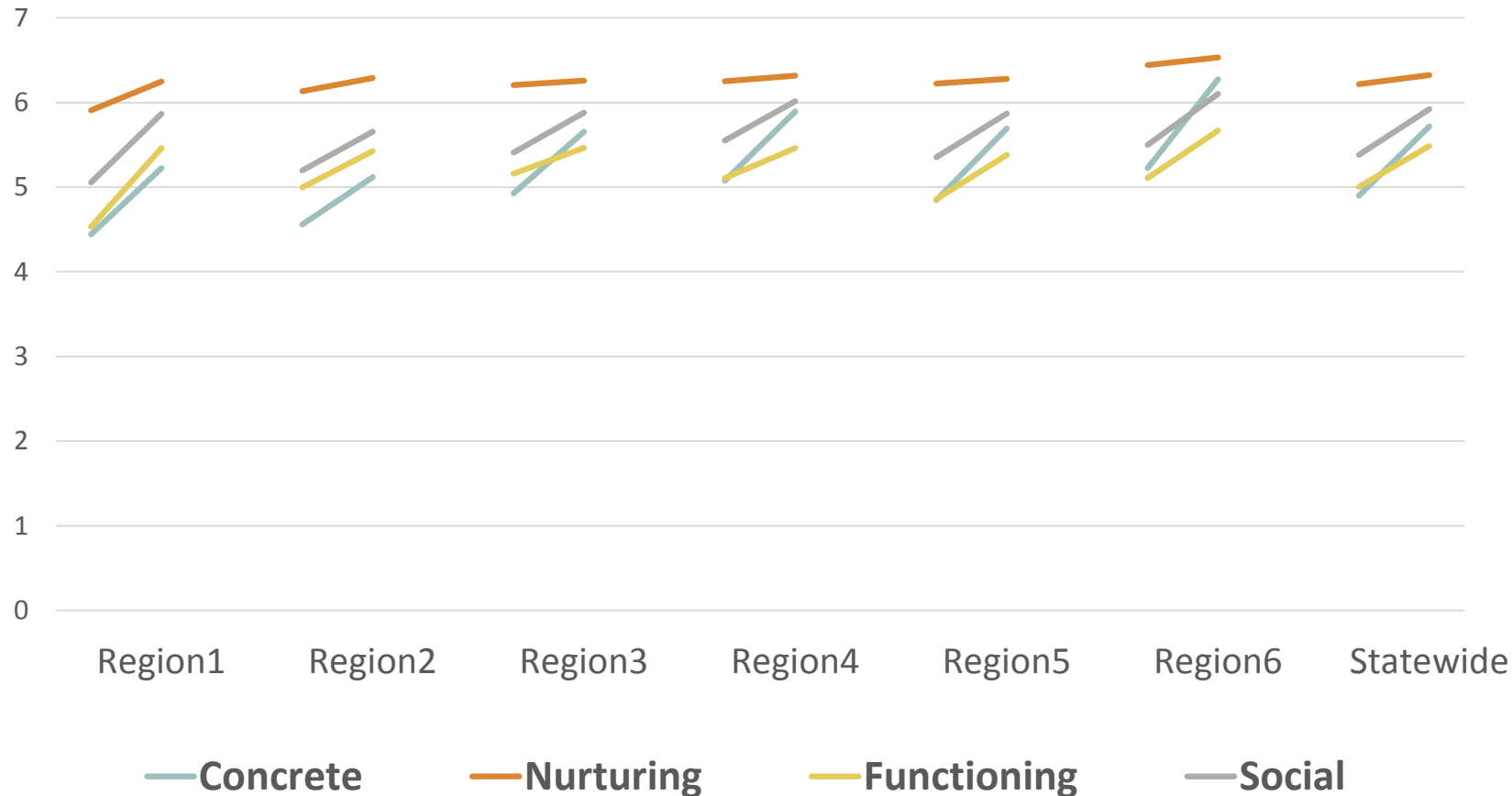


Overall Family Satisfaction



Respondents were satisfied overall with the program. 75.5% reported that their problems improved and 79.9% reported that they know how to access community resources.

Protective Factors Survey (PFS) by Region



The rate of change varies by domains:

- Concrete domain has highest rate of improvement.
- Nurturing domain has least improvement at discharge (ceiling effect).

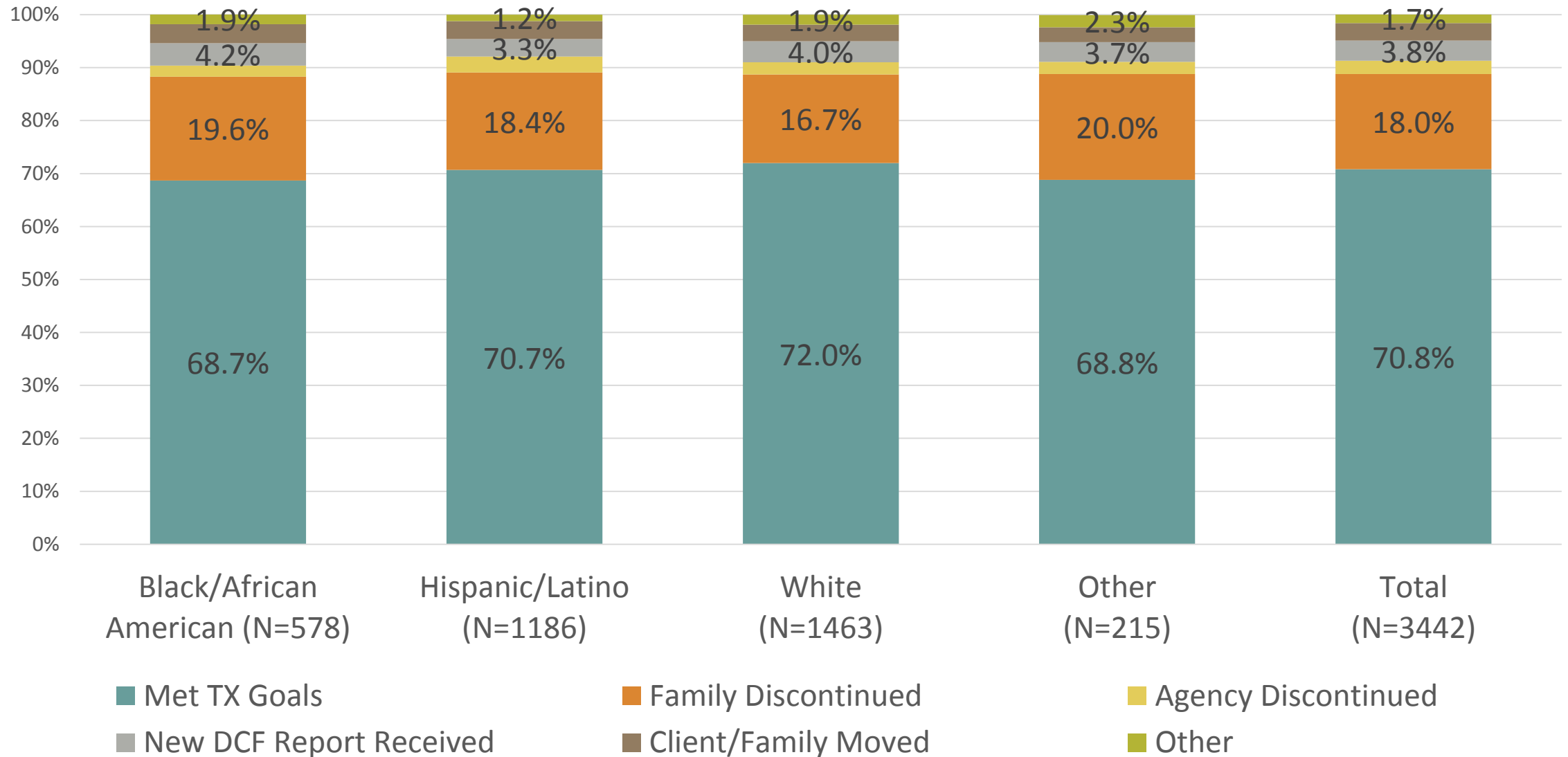
The rate of change also varies by regions, with Region 1 showing the highest rate of improvement.

All of the PFS domains show statistically significant improvement from intake to discharge.

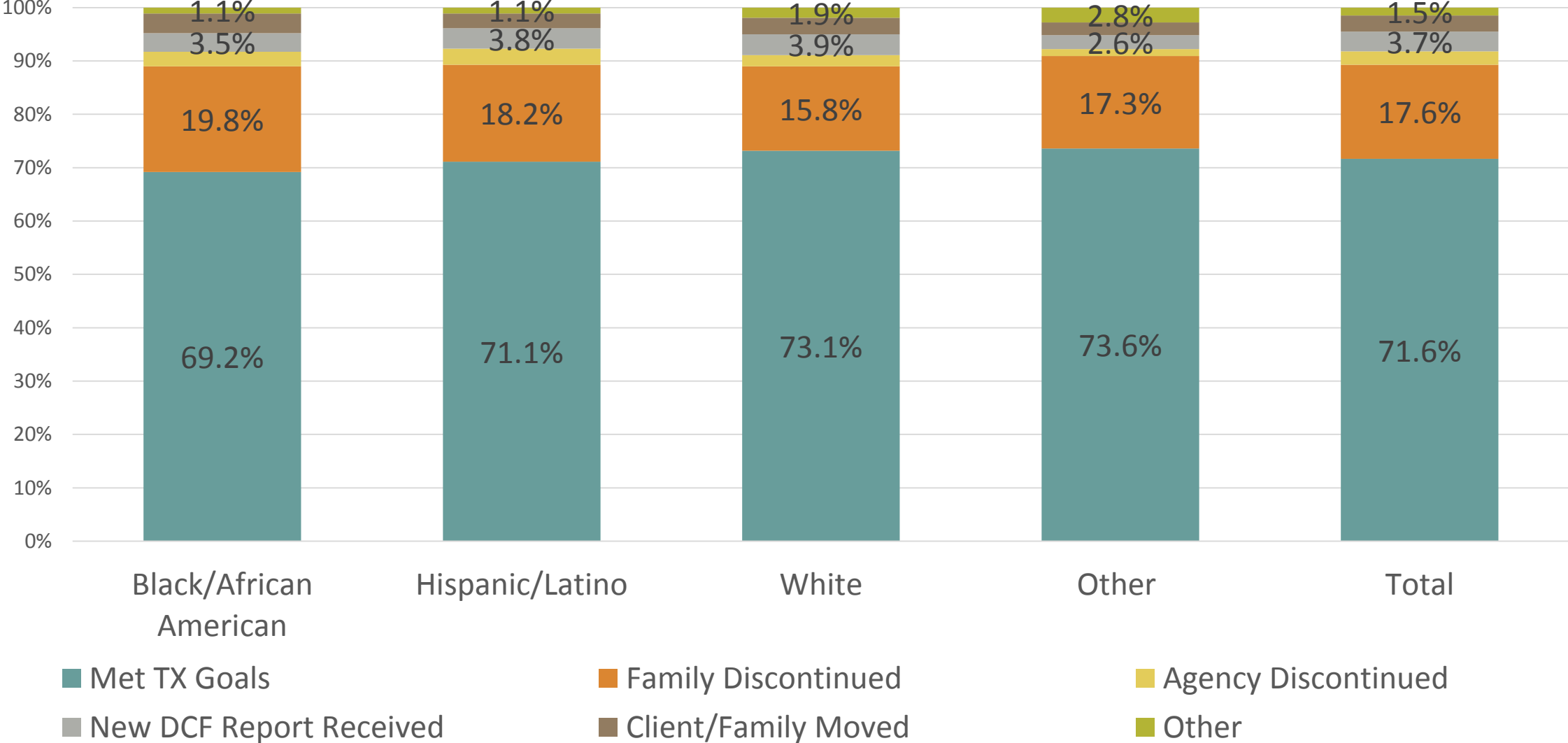
Length of Service by Reason for Discharge

Reason	Ave LOS (Days)	% Families
Met Treatment Goals	147	70.80%
Family Discontinued	94	17.95%
New DCF report received; ongoing CPS services indicated	116	3.78%
Client/Family Moved	79	3.25%
Agency Discontinued: Administrative	105	2.53%
Transferred to Another Provider	109	0.67%
Transferred to DCF Voluntary Services	126	0.32%
Specialized or Alternative Treatment	169	0.15%
Client Hospitalized: medically	117	0.15%
Client Requires Out of Home Placement	85	0.12%
Client Hospitalized: psychiatrically	77	0.12%
Client Incarcerated	97	0.06%
Caregiver Incarcerated	75	0.06%
Child is deceased	204	0.03%
Client is deceased	88	0.03%
Total	132.2 (Ave)	N=3,442

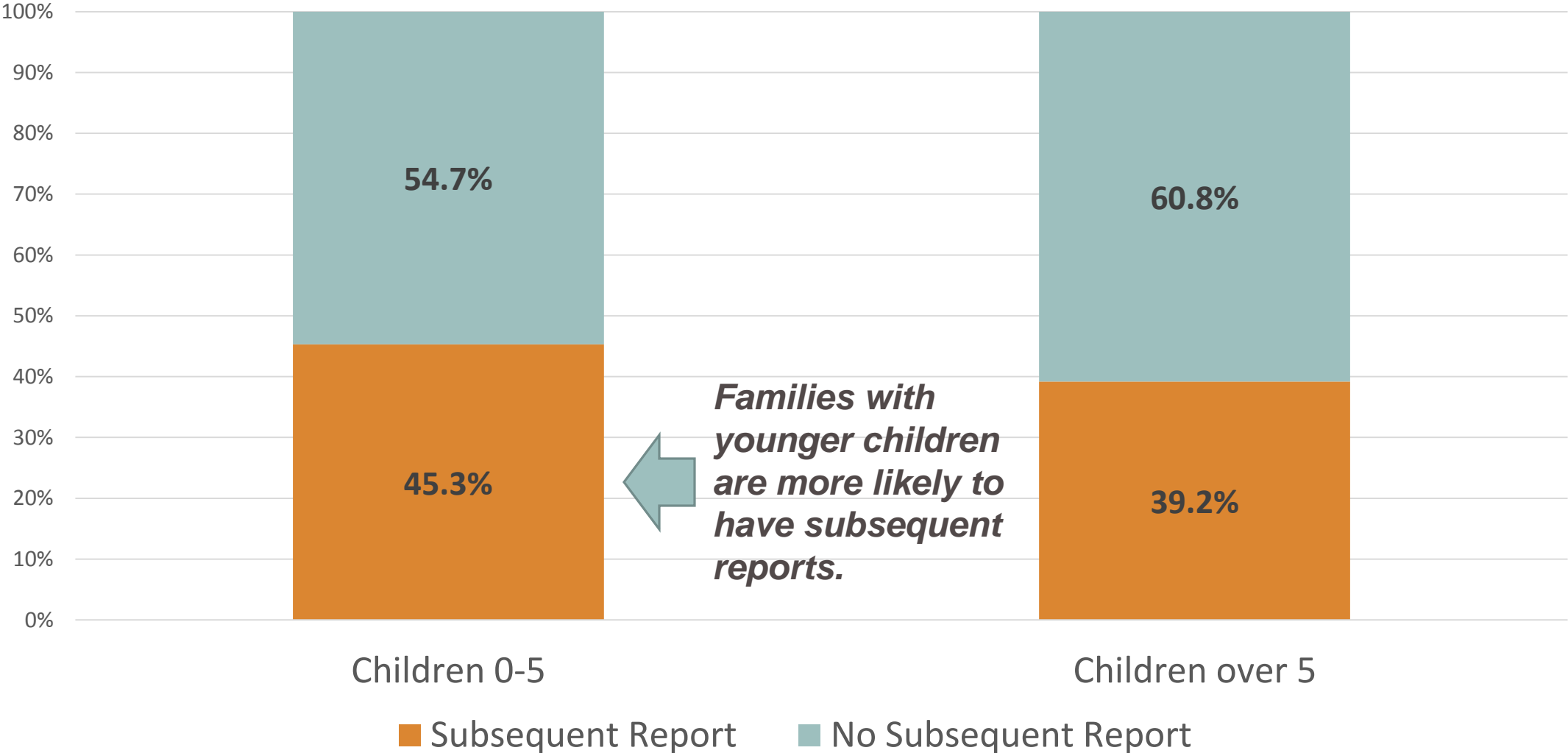
Reason for CSF Discharge by Caregiver Race



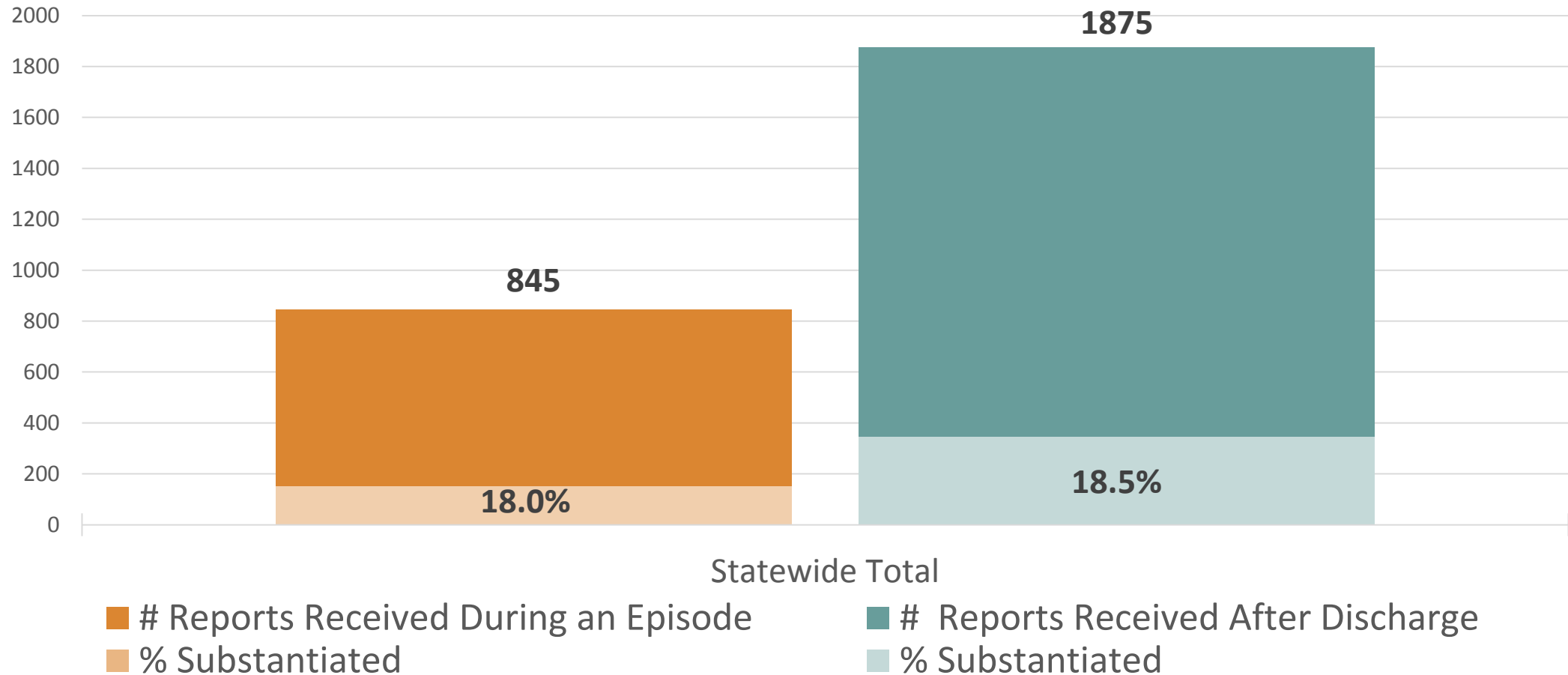
Reason for CSF Discharge by Child Race*



CSF - Any Children Age 0-5 by Any Subsequent Report

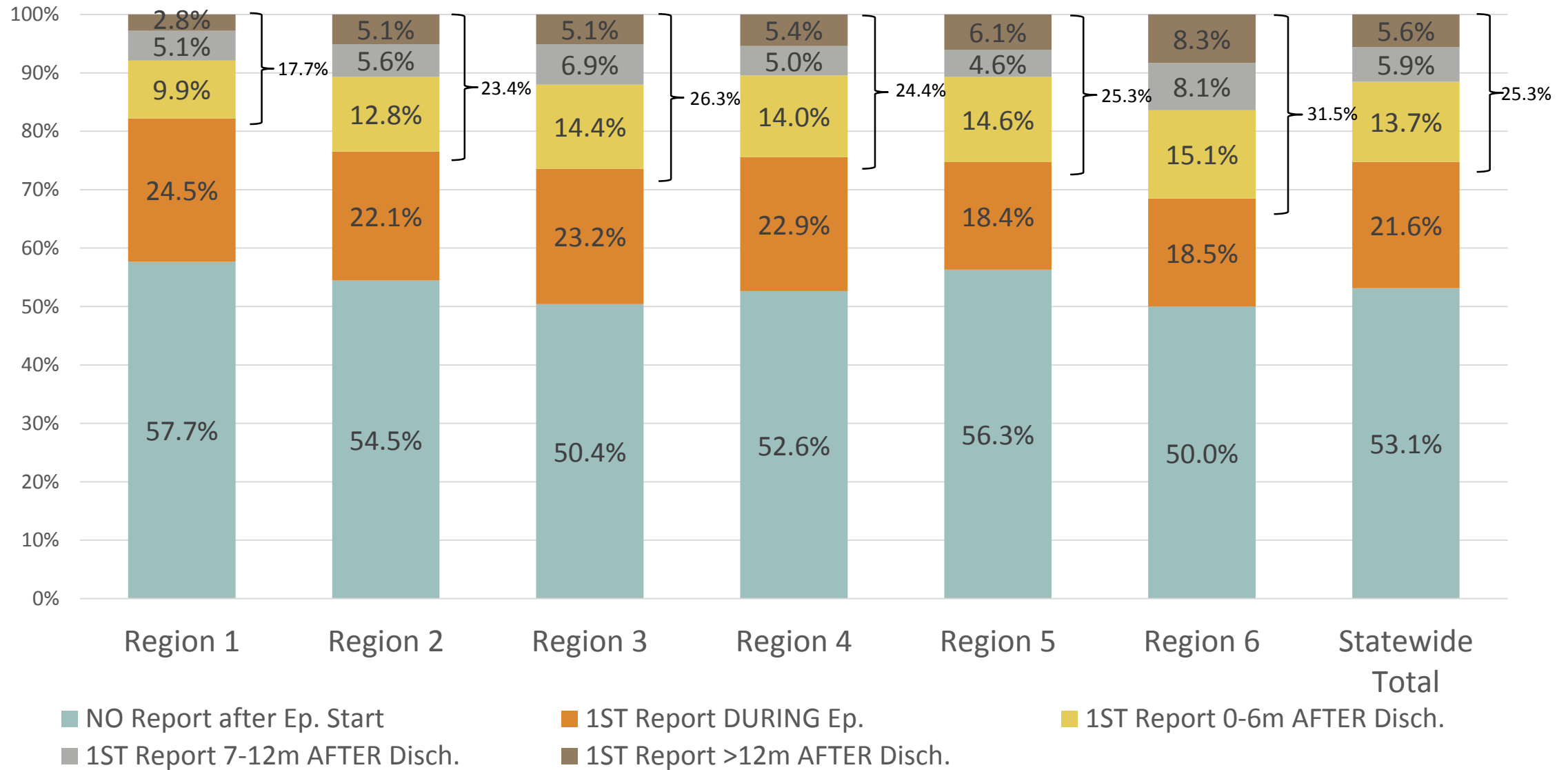


Number of Reports Received During and After Episode with % Substantiated

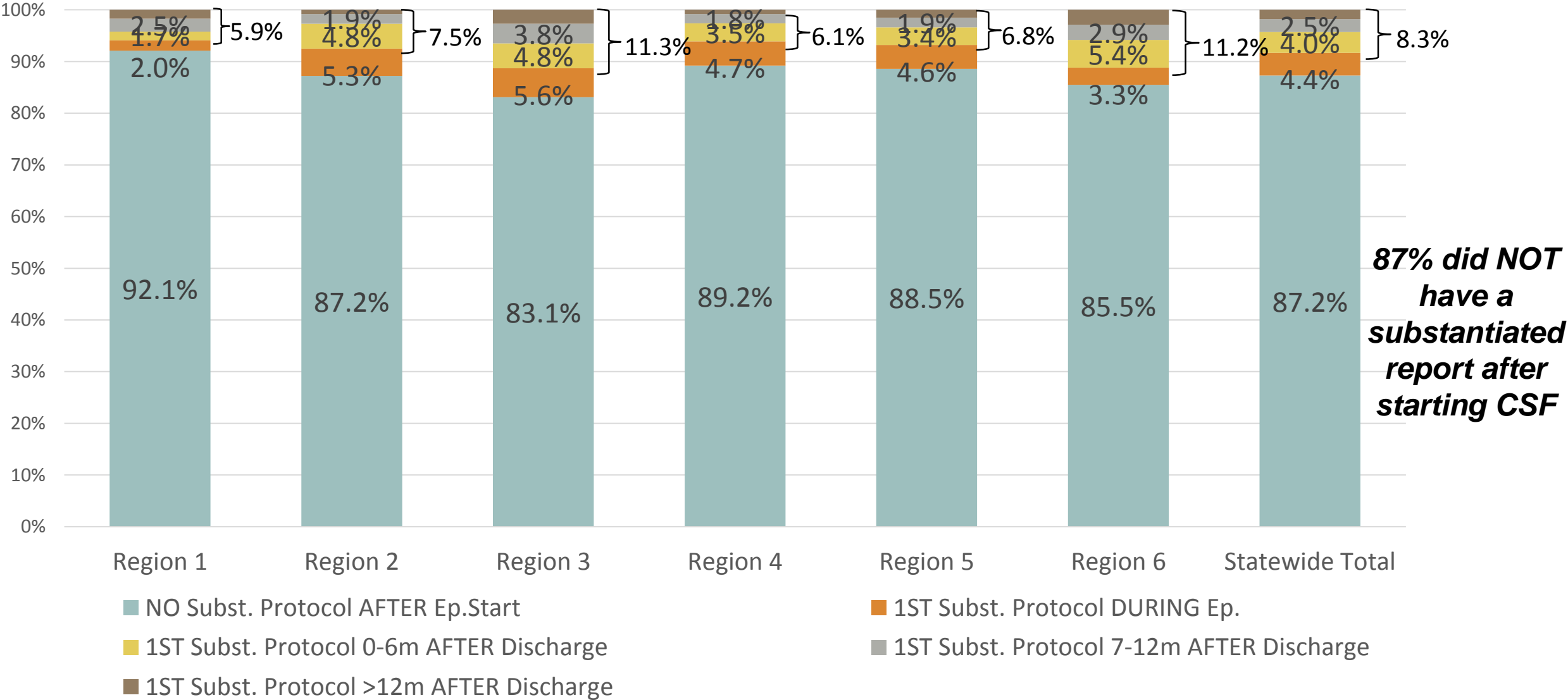


***18% of 845 reports received during a CSF episode were substantiated.
18.5% of 1,875 reports received after discharge were substantiated.***

Timing of First Report Received after CSF Episode Start Date

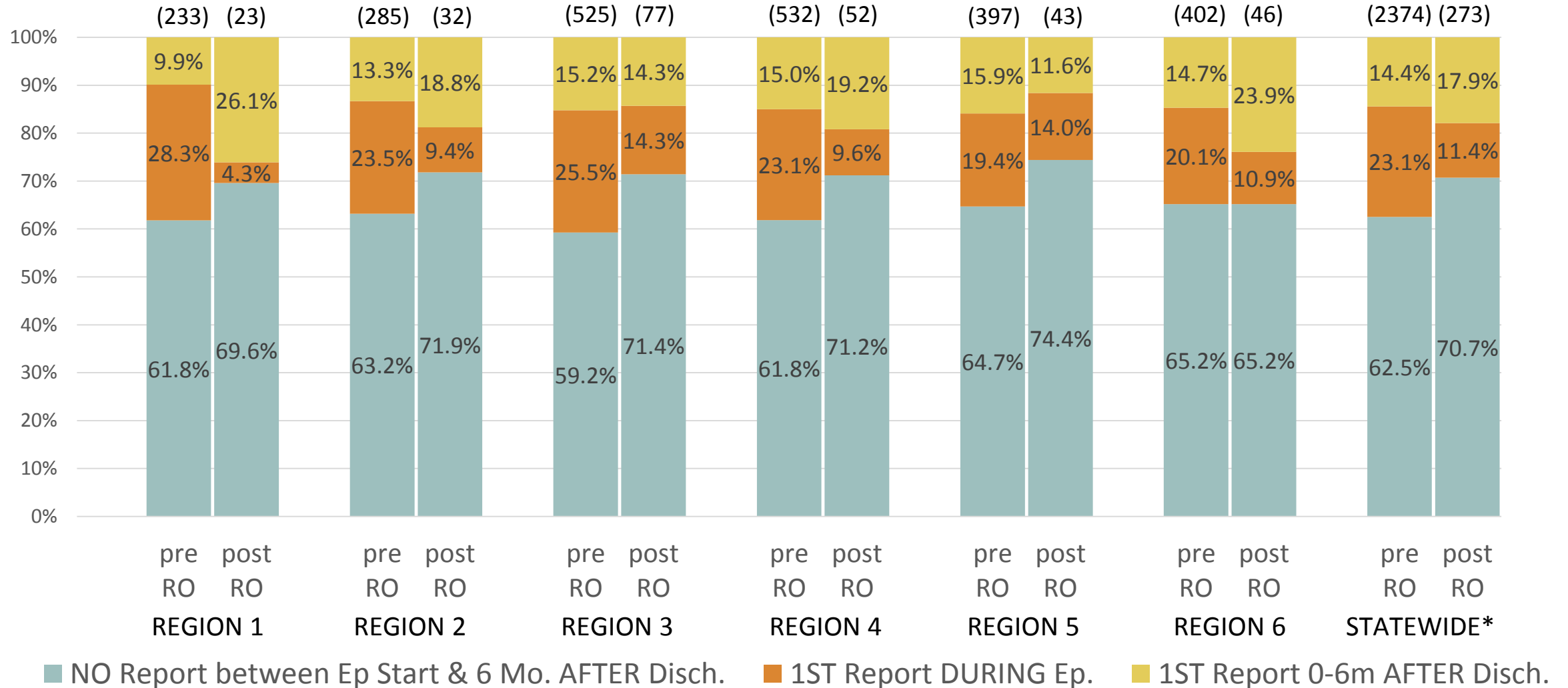


Timing of First Substantiated Report Received after CSF Episode Start Date



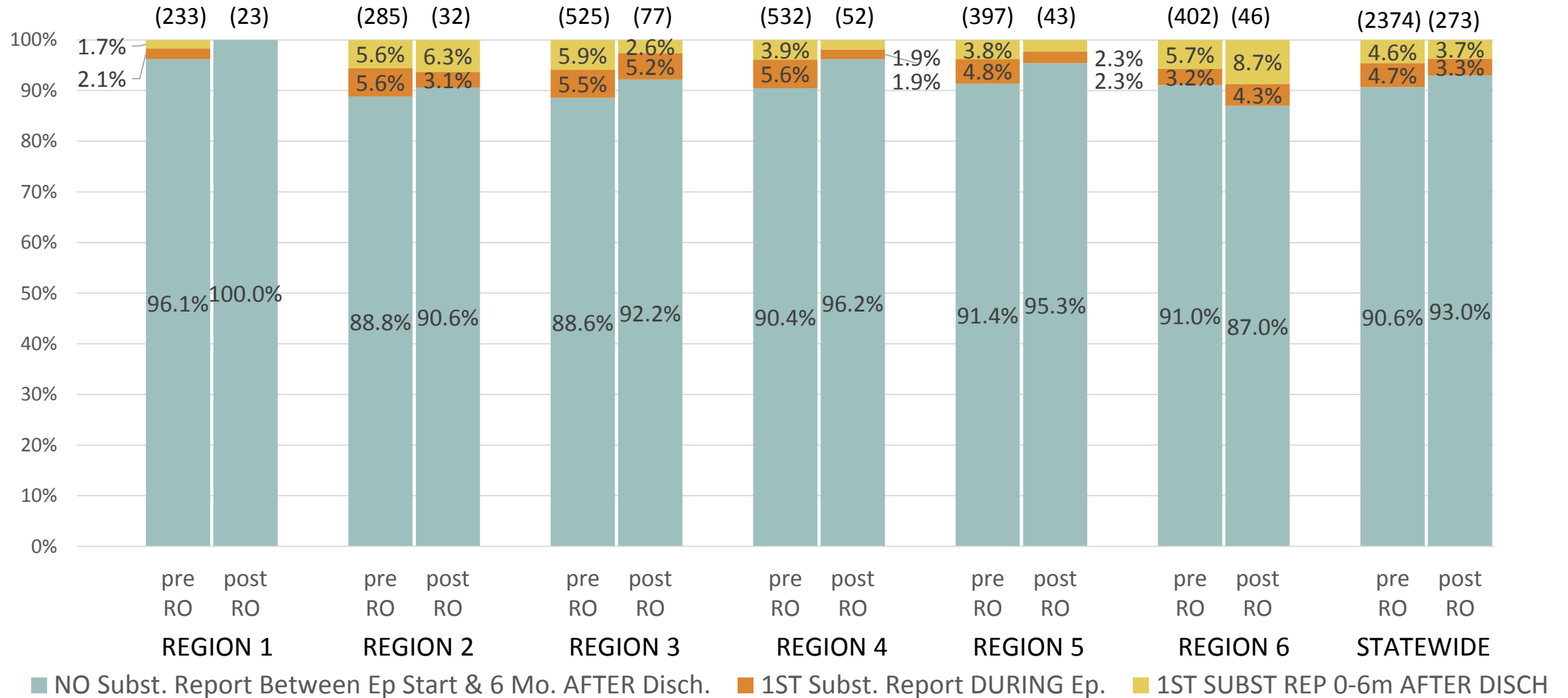
Timing of First Report Received after CSF Episode Start Date

Split by PRE/POST 'New Rule Out' (6/1/14); Families with at least 6 mo. after Discharge

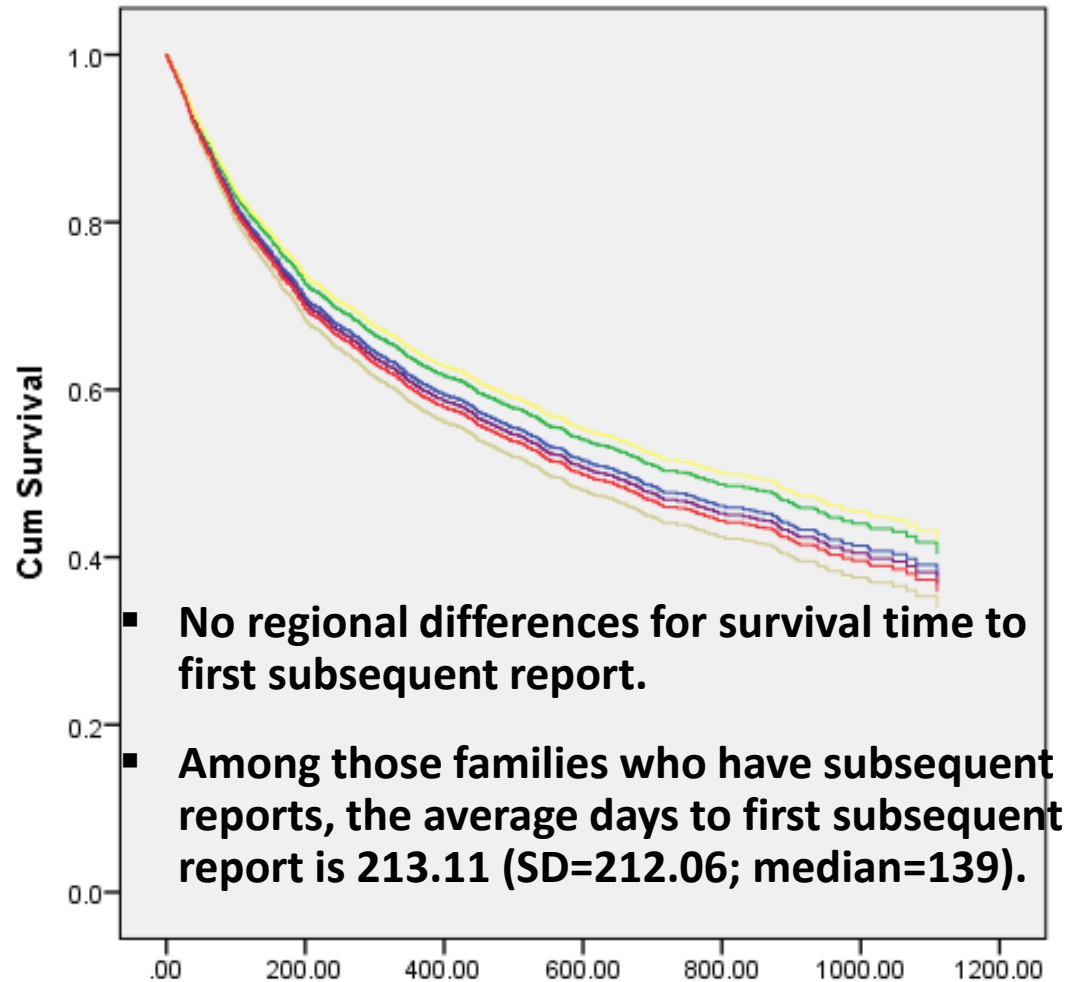


*Pearson Chi-sq sig <.05

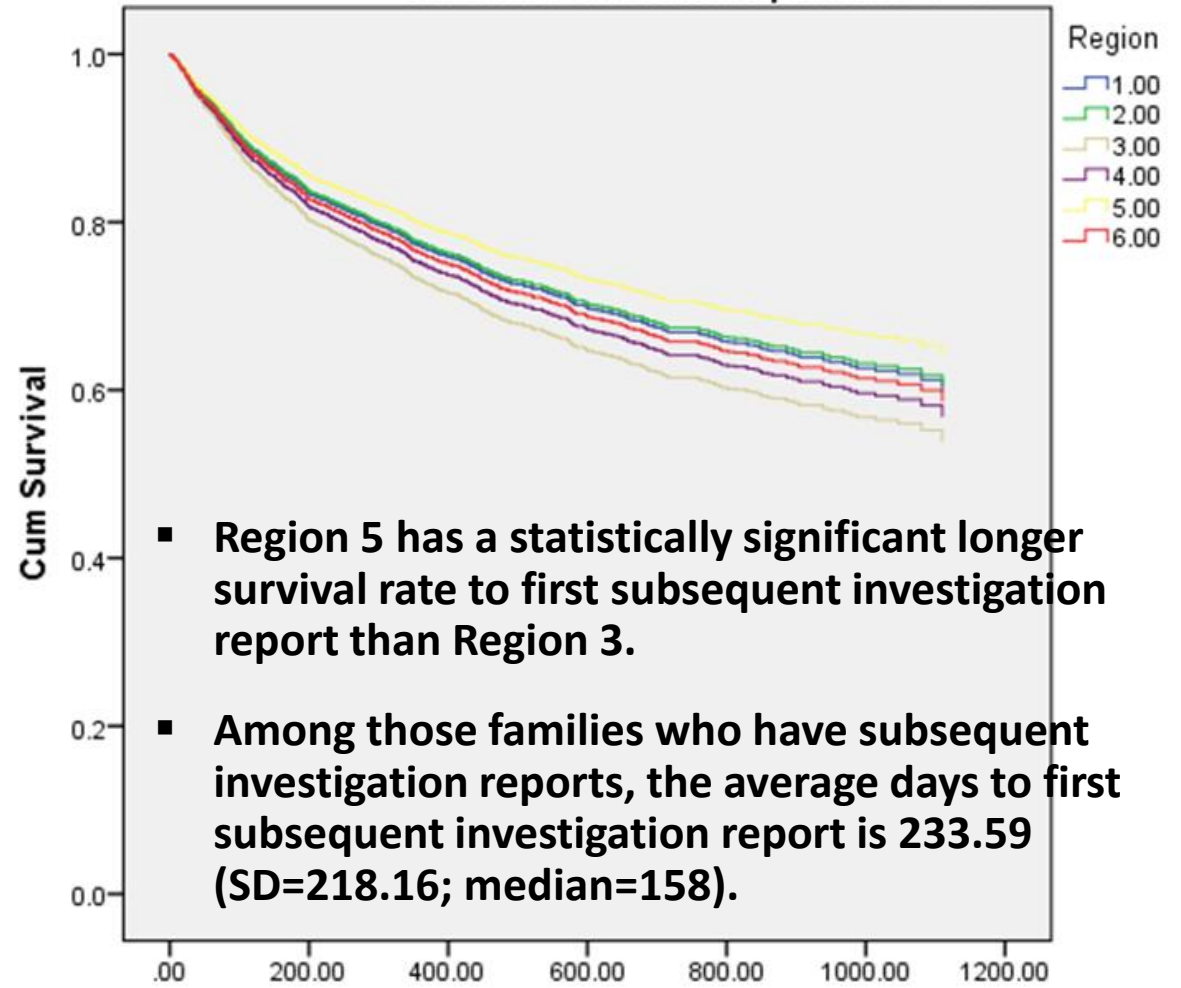
Timing of First Substantiated Report Received after CSF Episode Start Date Split by PRE/POST 'New Rule Out' (6/1/14); Families with at least 6 mo. after Discharge



CSF Survival Time to Subsequent Report by Region

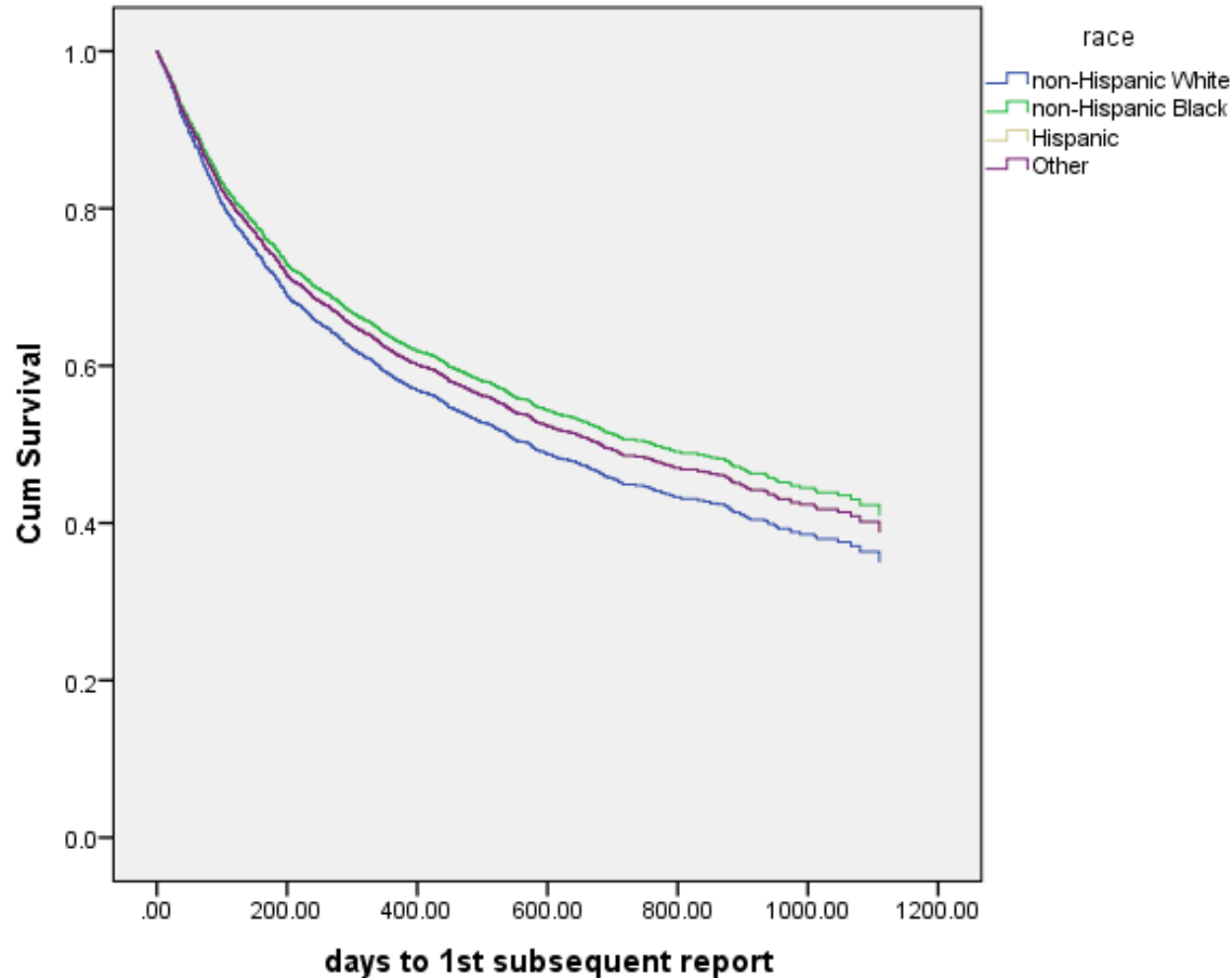


Days to 1st Subsequent Report



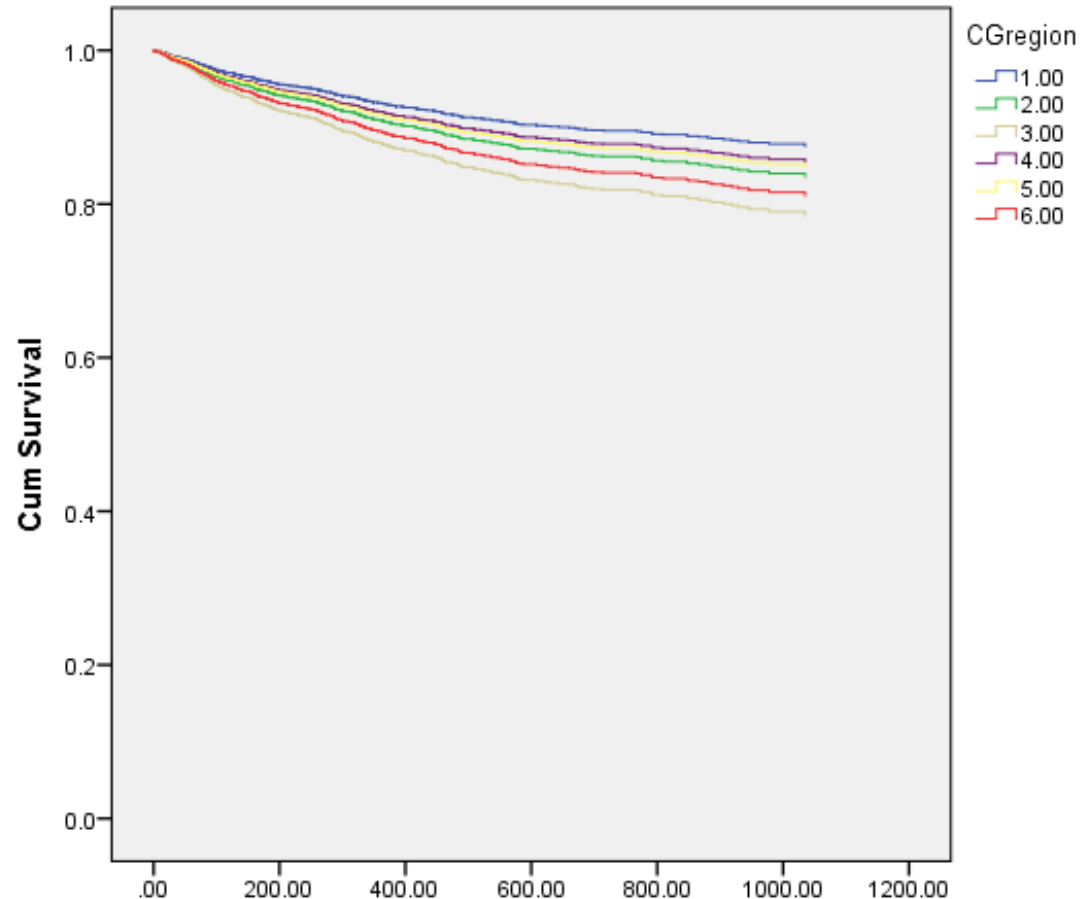
Days to 1st Investigation Subsequent Report

CSF Survival Time to First Subsequent Report by Caregiver Race/Ethnicity



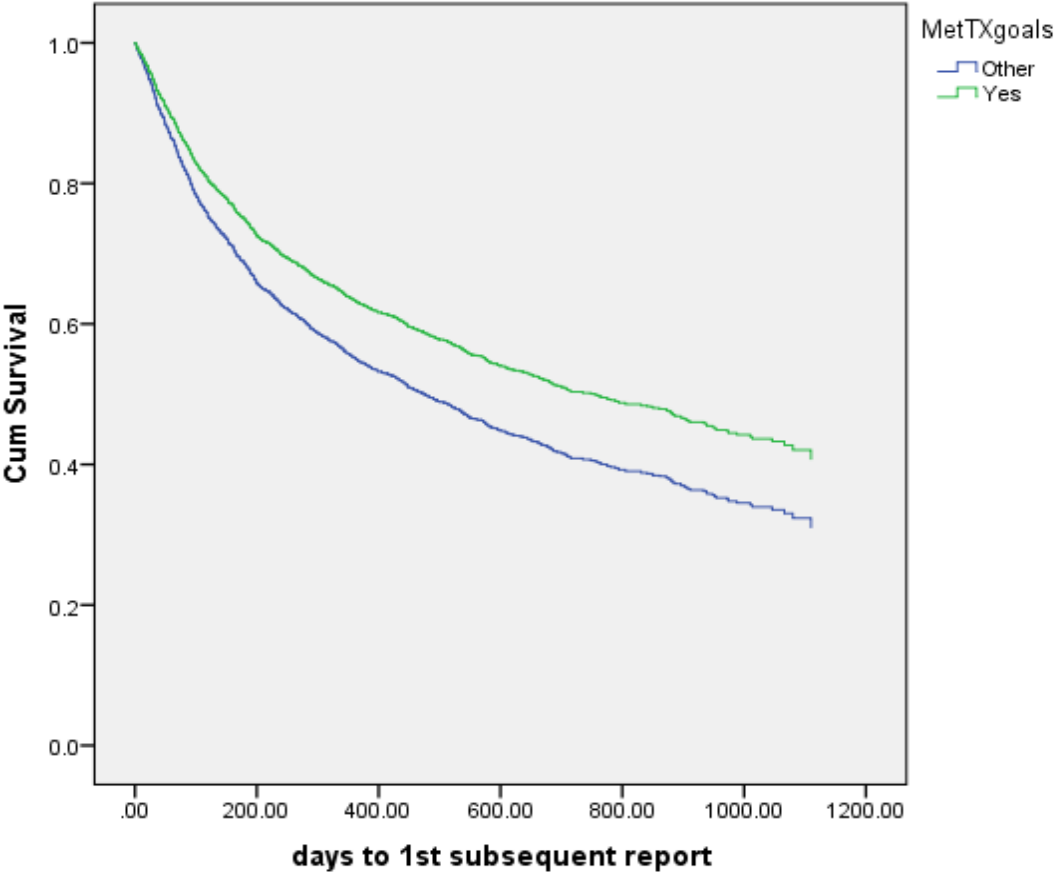
- Non-Hispanic Blacks are 15% less likely to have a subsequent report than Non-Hispanic Whites.
- After adjusting for race/ethnicity, the survival time to an investigation subsequent report between Region 5 & 3 becomes non-significant.

CSF Survival Time To **Substantiated** Subsequent Report by Region



- Region 3 & 6 have shorter survival rates until a substantiated subsequent report than other regions.
- Among those families have a subsequent investigation report, average days to first subsequent investigation report is 260.78 (SD=217.44; median=197).
- Regional differences remain significant after adjusting for race/ethnicity.

CSF Survival Time to First Subsequent Report by Disposition=Met Treatment Goals



- Families that met treatment goals were 24% less likely to have subsequent reports than families that didn't meet their treatment goals.
- Factors positively associated with meeting treatment goals
 - PFS scores at discharge
 - Employed at discharge
 - Length of services
- Factors negatively associated with meeting treatment goals
 - Life time Alcohol & drug problem
 - Alcohol & drug problem at discharge
 - Number of prior reports
 - History of prior reports
- Across regions, the difference in the survival rate by meeting treatment goals is statistically significant.

CSF Data Discussion

- As expected, the families served by CSF have more risk factors than the overall FAR population, specifically CPS history.
- The top needs assessed (basic needs, social supports and parentings skills) match what we know about families served by other differential response systems. The data indicate that CSF is meeting these needs.
- Length of services is associated with positive outcomes and may be related to the complex nature of the cases referred to CSF.
- Many program outcomes have been positive:
 - Over half of the CSF families did not have any subsequent reports,
 - Almost 90% of the CSF families did not have substantiated subsequent reports,
 - All of the PFS domains show statistically significant improvement from intake to discharge,
 - The majority of clients are discharged because they met their treatment goals,
 - Most of the subsequent reports for CSF families were not substantiated.

CSF Data Discussion

- The outcome analysis has indicated that there are a number of risk and protective factors that influence outcomes.
 - Factors that positively influenced outcomes included:
 - Employment,
 - Length of service,
 - Increase in protective factors.
 - Factors that negatively influenced outcomes included:
 - Having younger children (age 0-5),
 - CPS history,
 - Substance abuse issues.
- More information is needed to fully understand the influence of these factors in order to develop program strategies to capitalize on the protective factors and mitigate the risk factors.

Limitations

Administrative records are data collected for the purpose of carrying out programs. The limitations of this study are primarily those inherent to working with administrative data.

- Incomplete access to data elements and fields.
- The level or the lack of quality control over the data.
- The possibility of having missing items or missing records (an incomplete file).
- The timeliness of the data (the collection of the data being out of the evaluator's control, it is possible that due to external events, part or all of the data might not be received on time).

Next Steps:

- Increased access to demographic variables to allow for further analysis of FAR data
- NCFAS-G roll-out
- Site visits

Future analysis: continue to widen the scope of the outcome analysis:

- ✓ Identify and match demographic and background variables to various data levels: i.e., victim/children, perpetrator, and family primary care givers, to allow for developing profiles of children/families with risk of subsequent reports.
- ✓ Closely examine services/programmatic factors, e.g., FTM, "length of service", and how they are related to subsequent reports during and after CSF episodes.
- ✓ Evaluation of CSF vs non-CSF families (adjusted for various confounding factors to obtain "unbiased" estimate of CSF "treatment effect").
- ✓ Utilize the NCFAS-G to explore family interactions, well-being, and social and community connections.
- ✓ Evaluation of FAR vs. Investigation tracks (pending available resources).

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Questions??



Regional Break-Out Group Questions

1. What are the strengths/protective factors in your region (*programmatic, geographic, or others*) that may account for your outcomes?
2. What are the challenges for service delivery due to the programmatic, geographic, and population risk factors in your region? What can you do to address those challenges?
3. A substantial percentage subsequent reports occurred during CSF, can this finding be attributed to any programmatic issues?
4. What other analyses do you think would be important to add to the FAR and CSF evaluation?