

**Testimony in Support of S.B. 1199: An Act Concerning the Department of Children and Families' Regional Structure, Differential Response, and Poverty Exemption**

Jake Siegel, Alexandra Dufresne, J.D., and Jamey Bell, J.D.  
Human Services Committee  
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Senator Musto, Representative Tercyak and distinguished Members of the Human Services Committee:

We testify today on behalf of Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families. **Connecticut Voices for Children strongly supports S.B. 1199**, which includes two components that we believe are particularly beneficial to Connecticut's most vulnerable children and families.

**I. S.B. 1199 authorizes a differential response system at the Department of Children and Families, which would allow flexibility in responding to reports of child abuse and neglect.**

Differential response is a child protective services practice that allows for more than one method of initial response to a reported case. Currently when a report of abuse or neglect comes to the attention of the Department of Children and Families (DCF), the main objective of the social worker is to gather evidence to determine whether a child is at risk of maltreatment or has experienced abuse or neglect. This process often leads families to view DCF as an adversary, and many times family are resistant to working with the agency.

Differential response is sometimes referred to as an "alternative track" or a "multiple tracks" approach, as, depending on the details of an initial screening, it allows for a reported case to be diverted to a more service-based response. This bill would allow DCF, after conducting a safety assessment, to refer low-risk reports of abuse or neglect to appropriate community providers for further assessments and services.

A total of sixteen states are utilizing a statewide system of differential response; twelve of these states have the system codified in statute.<sup>1</sup> There are an additional seven states that have a differential response system on the regional or county level.<sup>2</sup> Evaluations of these programs have shown that with a DRS, assessments have improved, service delivery has been enhanced, and that families are more likely to actively engage with services.<sup>3</sup>

The Child Welfare Information Gateway has published an issue brief on using Differential Response System in a state's child welfare department, which includes guiding principles for successful execution of the system.<sup>4</sup> While Connecticut Voices for Children fully supports the implementation of DRS, we know that it is critical for the proper supports to be in place in order for this new system to be effectively utilized.

We ask that when your committee works with the Department in putting a differential response system into place you take the following guiding principles into consideration:

1. **Utilize assessments that identify true need.** The idea of differential response is that families receive a greater benefit when a more thorough look into strengths and needs is performed. It is essential that the program the Department puts into place truly evaluates a family and a service plan is developed that is responsive to what the family requires.

2. **Ensure service availability.** The success of a differential response model is dependent on the availability of services to meet the identified needs of the families in their community. The Department has identified this as a key to the program's success and has laid out a plan to engage community programming. The Department states in their "Community Readiness and Service Array" plan that they are intent on working with states that have already successfully implemented a DRS to come up with ideas for service models. They have also indicated in this plan their intent to provide RFQs to the community service providers.<sup>5</sup> We encourage the Committee to continue to work with the Department through this critical part of implementation.

3. **Staff training.** Evaluations of both North Carolina's and Virginia's DRS program included recommendations that program expansion be linked with additional training for frontline staff and administrators.<sup>6</sup> Research has shown that child protection staff in states with DRS are extremely supportive of the differential response method;<sup>7</sup> however training is critical as caseworkers are being asked to engage with families in a new way. The Department of Children and Families has completed training models in conjunction with the implementation of DRS and is working with their training academy to include family engagement training.<sup>8</sup> We hope that the committee will continue to support these efforts.

4. **Monitor caseworker workload.** A critical finding in the evaluation of Minnesota's Pilot DRS system was that burdensome caseloads prevented children and families from receiving the full benefit of the program. Workers in that evaluation reported dissatisfaction with the number of cases assigned.<sup>9</sup> The requirements of a comprehensive family assessment, which includes building relationships in the community and linking families to services, can be substantially more time consuming than the traditional child protective services model. It is essential for system success to frequently evaluate and adjust workloads. The Department has stated in its plan that it intends to implement DRS within their existing workforce. We hope the Committee will continue to work with the Department to ensure it has access to the staffing and resources it needs to effectively execute the system.

5. **Track outcomes.** We are extremely encouraged that the Department has already identified a series of evaluations and outcomes that it is planning to track as DRS is implemented.<sup>10</sup> We hope that the legislature will work with the Department to ensure that this data is collected and shared. We would recommend including a reporting requirement in the DRS legislation in order to provide the General Assembly an opportunity to monitor the Department's progress on this program.

**6. Address child safety risk.** The underlying concern in any DRS program is the safety of the children involved. In evaluations conducted of DRS, the research has shown that children can be just as safe, or safer, without an investigation intervention.<sup>11</sup> A multi-state study of DRS conducted in 2005 found the likelihood of a subsequent report to child protective services after the original assignment to a track was comparable, regardless of the track originally chosen.<sup>12</sup> In an experimental study conducted in Minnesota, families that were randomly assigned to the “assessment” track were far less likely to be re-reported than families who were randomly assigned to receive an investigation.<sup>13</sup> The Department has acknowledged this concern in many of its communication pieces and we hope that you will work with them to continue to address the issue of child safety as DRS is rolled out.

## **II. S.B. 1199 clarifies the definition of neglect by inserting a poverty exemption, consistent with best practices in child welfare and the actions taken by many other states.**

Child poverty is a pressing problem in Connecticut. In 2009, over 12% of Connecticut children under 18 were below the Federal Poverty Level.<sup>14</sup> While this rate is below the national average of 20%, it means that almost 100,000 Connecticut children lived in poverty.<sup>15</sup> Additionally, child poverty rates are much higher in Connecticut’s urban centers. The 2009 child poverty rate was 25.8% in Bridgeport, 35.7% in New Britain, 31.2% in New Haven, 33.8% in Waterbury, and 39.2% in Hartford.<sup>16</sup> Hartford has historically had one of the highest rates of child poverty in the country. In 2000, Hartford had the second highest child poverty rate of all U.S. cities with populations larger than 100,000.<sup>17</sup>

There are also wide racial and ethnic disparities in child poverty rates in Connecticut. The poverty rate for black children in 2009 was almost three times the rate for white, non-Hispanic children (20.2% vs. 7.0%).<sup>18</sup> The poverty rate for children of Hispanic-origin was 18.8%.<sup>19</sup> These disparities in poverty rates may partially explain why children of color are disproportionately likely to become involved with the child welfare system.<sup>20</sup>

Connecticut Voices for children supports the proposed addition to section 46b-120 of the Connecticut General Statutes, which would clarify the distinction between poverty and neglect. Many families, through no fault of their own, struggle to provide basic necessities for their children. It should be the public policy of the state of Connecticut to provide services to support and preserve such families. Such an orientation is consistent with best practices in child welfare and with the policy of other states, many of whom have codified the distinction by creating an explicit exemption for poverty within their definition of neglect.<sup>21</sup>

Given that research shows that children do best in families and that removal from home is traumatic for children, it is in no one’s interest to unnecessarily remove children from their biological families. Furthermore, keeping children in their families reduces strains on the child welfare system and, by allowing Connecticut to reserve resources and placements for children truly in need of out-of-home care, may even reduce unnecessary reliance on congregate care and increase the overall quality of out-of-home placements. We therefore strongly support including a poverty exemption within the definition of neglect, as provided for in S.B. 1199.

Thank you for the opportunity to submit testimony.

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<sup>1</sup> See Child Welfare Information Gateway. (2008). *Differential Response to Reports of Child Abuse and Neglect*. Washington, D.C.: U.S. Department of Health and Human Services at page 22-23.

<sup>2</sup> *Id.*

<sup>3</sup> *Id.* at page 3.

<sup>4</sup> *Id.* at page 9.

<sup>5</sup> The Department's "Community Readiness and Service Array" Plan can be viewed on their website at:

[http://www.ct.gov/dcf/lib/dcf/drs/pdf/community\\_readiness\\_and\\_service\\_array.pdf](http://www.ct.gov/dcf/lib/dcf/drs/pdf/community_readiness_and_service_array.pdf)

<sup>6</sup> See Virginia Department of Social Services. (1999). *Final report on the multiple response system for children protective services in Virginia*. Richmond, VA: Author and U.S. Department of Health and Human Services, Administration children and Families Office of Assistant Secretary for Planning and Evaluation. (2003a). *National study of child protective services systems and reform efforts*. Report can be viewed at: <http://aspe.hhs.gov/hsp/CPS-status03/summary/index.htm>.

<sup>7</sup> See Loman, A. & Siegel, G. (2004b). *Minnesota Alternative Response Evaluation: Final Report*. St. Louis: MO: Institute of Applied Research.

<sup>8</sup> The Department's "DRS Status of Work Matrix", which details efforts to train staff on the different components of DRS, can be viewed on their website: [http://www.ct.gov/dcf/lib/dcf/drs/pdf/drs\\_status\\_of\\_work\\_matrix.pdf](http://www.ct.gov/dcf/lib/dcf/drs/pdf/drs_status_of_work_matrix.pdf)

<sup>9</sup> See Missouri Final Evaluation 198-200 (full citation to come).

<sup>10</sup> The Department's Evaluation and Outcome measures can be viewed on their website at:

[http://www.ct.gov/dcf/lib/dcf/drs/pdf/drs\\_outcomes.pdf](http://www.ct.gov/dcf/lib/dcf/drs/pdf/drs_outcomes.pdf).

<sup>11</sup> U.S. Department of Health and Human Services, Administration children and Families Office of Assistant Secretary for Planning and Evaluation. (2003a). *National study of child protective services systems and reform efforts*. Report can be viewed at: <http://aspe.hhs.gov/hsp/CPS-status03/summary/index.htm>.

<sup>12</sup> Shusterman, G.R., Hollinshead, D., Fluke, J.D., and Yuan, Y.T. (2004). *Alternative responses to child maltreatment: Findings from NCANDS*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. The report can be viewed at: <http://aspe.hhs.gov/hsp/05/child-maltreat-resp/>.

<sup>13</sup> See Loman, A. & Siegel, G. (2004b). *Minnesota Alternative Response Evaluation: Final Report*. St. Louis: MO: Institute of Applied Research.

<sup>14</sup> Connecticut Voices for Children (2010). "Poverty, Median Income, and Health Insurance in Connecticut: Summary of 2009 American Community Survey Census Data." Available online at <http://www.ctkidslink.org/media/other/econ10censuspovertyacsrelsum.pdf>

<sup>15</sup> *Id.*

<sup>16</sup> *Id.*

<sup>17</sup> Ali, T. (2006). "Child Poverty in 2006: How Do Connecticut Cities Measure Up?" Connecticut Voices for Children. Available online at <http://ctkidslink.org/publications/econ07ctpovertyranking.pdf>.

<sup>18</sup> U.S. Department of Commerce, Bureau of the Census. Current Population Survey 2009. Available online at [http://www.census.gov/hhes/www/cpssc/apm/cpssc\\_altprov.html](http://www.census.gov/hhes/www/cpssc/apm/cpssc_altprov.html). Note that the Current Population Survey is a distinct product from the American Community Survey, so estimates obtained from the two survey will differ slightly.

<sup>19</sup> *Id.*

<sup>20</sup> See U.S. Department of Health and Human Services Children's Bureau (2003). "Children of Color in the Child Welfare System: Perspectives from the Child Welfare Community." <http://www.childwelfare.gov/pubs/otherpubs/children/children.pdf> at p. 3.

<sup>21</sup> See DePanfilis, Diane (2006). *Child Neglect: A Guide for Prevention, Assessment and Intervention*. Washington, D.C.: U.S. Department of Health and Human Services, Administration of Children and Families, Children's Bureau. Available at <http://www.childwelfare.gov/pubs/usermanuals/neglect/neglect.pdf> at p. 31