



DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities



Susan I. Hamilton, M.S.W., J.D.
Commissioner

M. Jodi Rell
Governor

MEMORANDUM

To: All Staff
From: Susan I Hamilton, M.S.W., J.D.
Date: Tuesday, September 21, 2010
Subject: Differential Response System Update

Achieving good outcomes for children is facilitated by effectively engaging families in assessing, case planning and the provision of services. That has become so well-accepted nationally in child welfare that an alternative to traditional child protection intervention -- a "Differential Response System" (DRS) has been instituted or is being planned in 24 states. As you know, Connecticut is among those, and we expect to begin DRS implementation early next year in Region 3 (Middletown, Norwich and Willimantic offices) with statewide rollout to follow. Implementation of DRS across the country has given rise to many of the outcomes we have included in our own Strategic Plan, including reducing the need for CPS involvement, reducing unnecessary foster care placements and reducing repeat maltreatment of children. It is my hope that we will see the same results from DRS here in CT.

As you may know, DRS represents a significant departure in how child welfare agencies respond to reports of abuse and neglect. For reports that are deemed low risk, the case will be diverted to a DRS track rather than receiving a traditional CPS investigation. There will be no requirement that a perpetrator be identified or that a substantiation decision be made at the conclusion of a DRS response. Rather, the Department will engage and work with the family to build on strengths and determine what services can best assist them in safely caring for their children. There will also be an opportunity for a case to "switch tracks" if appropriate based on new information that impacts the overall risk assessment.

The experience and research in other states shows that DRS does not compromise safety and that it promises to make effective family engagement a more common element in our work across all our cases. This is true for a variety of reasons, including:

- Participation in DRS for families is voluntary;
- The family takes the lead on identifying who needs to be involved in their case planning;
- The family drives the case planning process; and
- The intervention uses a more comprehensive assessment process rather than focusing primarily on fact-finding and investigation.

Not only does research in other states demonstrate that child safety is maintained but also that family and staff satisfaction is improved as a result of DRS, which contributes to the critical outcomes discussed above.

Our planning for DRS is progressing, and a report from Casey Family Services detailing our preparations is available on our DCF Website (please find the link below). We anticipate that necessary changes to our LINK system will be complete in the Fall and that training for DCF staff as well as for our community partners, particularly school, hospital and police staff, will occur shortly thereafter. After Region 3, the next rollout will occur in Region 1, which includes Bridgeport, Danbury, Stamford and Norwalk.

Our preliminary analysis shows that nearly four of ten accepted reports could be diverted under DRS, so the impact will be significant in terms of our prevention focus and increasing families' capacity to receive services in the community without an ongoing need for DCF involvement.

Importantly, DRS is based on the same family engagement approach that is a core component of the Practice Model, which concurrently is under development and set for implementation early next year. DRS is an excellent example of how the Practice Model principles will impact our work with families. Good outcomes for children will be the ultimate product of both these efforts, and I thank you for your work to support these important improvements to make quality a hallmark throughout all our interventions.

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