

**Summary of Testimony of Kathryn (Kate) Piper, J.D., CWLS, PhD candidate
Senate Committee on Health and Welfare-2/4/15**

Benefits of DR as Implemented in Vermont:

1. Expansion of safety net
2. More family friendly approach

Question: Does this result in greater engagement in services and improved child safety?

Assumptions underlying DR:

1. Only low to moderate cases will be assigned to the assessment track.
2. Families will engage in services on a voluntary basis.
3. Services are available and accessible.
4. Services are effective.

How valid are these assumptions?

Risk assessment and track assignment:

1. CFP report: Track assignment protocol need to be improved. Risk assessments need to be more comprehensive rather than narrowly focused on the allegations in the report. DCF SWs need more training on assessment tools and how to recognize substance abuse. DCF needs clear protocol re switching track assignments if needed.
2. 21% of cases involving children who are prior victims were assigned to the assessment track in 2010. Almost as many assessment cases ended up in court as investigation cases.

Family Engagement:

1. CFP report: SWs need more time for service referral and ongoing case monitoring in assessment cases to verify child safety and service receipt and need to rely less on parental promises.
2. Studies show that families with chronic histories of DCF involvement, parental substance abuse and mental health problems and domestic violence need a more intrusive intervention before they will engage in services.

Service availability:

1. CFP report: VT's DR system is under-resourced, especially for those cases requiring treatment for co-occurring substance abuse and mental health disorders. Families on assessment track may not be receiving needed basic supports or services.

What does the research tell us about child safety?

1. Current research "is, at best, inconclusive and at worst, misleading" (Hughes et al., 2013).
2. Re-reporting may be inaccurate measure of child safety (IOM & NRC, 2013).
3. NQIC-DR (2014): In the CO and OH study findings, families assigned to the assessment track were less likely to be re-referred than those assigned to the investigation track. In the IL study findings, families assigned to the assessment track were more likely to be re-referred than those on the investigation track.
4. The hypothesis that DR's more family-friendly approach would encourage greater receptivity to certain types of services is not supported by the research data (Comm. of VA, 2008)(Wyoming Legislative Service Office, 2008).
5. The 2013 NCIC Evaluation of VT DCF, FSD, Practice Transformation does not evaluate child safety outcomes for assessment track cases.

Questions to ask:

1. What is the re-reporting rate for cases on assessment vs. investigation track? How many re-reports are being re-assigned to the assessment track? In what percentage of assessment cases does DCF switch to the investigation track and for what reasons?
2. What percentage of cases on the assessment track result in high risk level scores and open family service cases?
3. What mechanisms does DCF have in place to monitor families referred to services on a voluntary basis?

Changes to consider:

1. Remove the requirement that DCF obtain parental permission to interview the child.

2. Develop practices for effectively handing off cases to service providers, ensuring adequate sharing of information and monitoring of progress and participation.
3. Mandate a review of service availability.
4. Review criteria for track assignment.