

Connecticut Department of Children and Families



DEPARTMENT OF CHILDREN AND FAMILIES

At a Glance

JOETTE KATZ, Commissioner

Janice Gruendel, Ph.D., Deputy Commissioner

Elizabeth Graham, Deputy Commissioner

Fernando Muñiz, Chief of Quality and Planning

Established - 1970

Statutory authority - CGS Chapter 319

Central office - 505 Hudson Street, Hartford, CT 06106

Average number of full-time employees – 3,364

Recurring operational expenses - \$817,886,580

Capital outlay - \$1,869,608

Organizational structure -

- **Office of the Commissioner**
- **Division of Operations**
- **Division of Planning and Quality Improvement**
- **Division of Finance and Human Resources**

Mission

All children and youth served by the Department will grow up healthy, safe and learning, and will experience success in and out of school. The Department will advance the special talents of the children it serves and will make opportunities for them to give back to the community.

Regional/Area Offices

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Bridgeport Danbury Norwalk / Stamford	Milford New Haven	Middletown Norwich Willimantic	Hartford Manchester	Torrington Waterbury	(established in SFY 11) Meriden New Britain

Facilities

- Connecticut Juvenile Training School (CJTS)
- The Consolidated Children's Psychiatric Center (formerly Riverview Hospital and Children Connecticut Children's Place)
- Wilderness School

DEPARTMENT DATA AND INFORMATION

Children and Families Served

- At any point in time, the Department serves approximately 36,000 children and 16,000 families across its programs and mandated areas of service.
- Approximately 16,000 cases are open on a given day.
- Approximately 3,800 families whose children are living with them at home receive services.
- Approximately 3,800 investigations are underway at a point in time.
- Approximately 4,800 children are in some type of placement.
- Approximately, 750 children receive voluntary services and are not committed to the Department. About 650 of these children are receiving services at home, with the balance receiving services out of the home.

Reports of Abuse and Neglect

Nearly 30,000 (29,779) reports of abuse and neglect were investigated. Of these investigations, 97 percent were commenced in a timely manner and 92.2 percent were completed within 45 days.

Additionally, the Hotline received 95,948 calls in 2010. Of those, 46,132 were reports and 26,575 of those were accepted for investigation. In the last three years there has been a steady increase of volume of phone calls by approximately 2,200 phone calls per year.

Over the past state fiscal year, 1,213 allegations of physical and sexual abuse were substantiated as were 16,973 allegations of physical, emotional, educational and/or medical neglect.

Adoptions and Subsidized Guardianships

Adoptions were finalized for 513 children. Guardianship was transferred for an additional 150 children whose new family is receiving a subsidy from the Department.

Supporting Success through Post-Secondary Education

Nearly 700 youth (685) attended a post-secondary education program with the department's support in Calendar Year 2010. This represents a slight increase over the prior year (668 youth) and a dramatic increase over calendar year 2008 (490 youth).

Strategic Plan Goals and Objectives, 2010-2014

In 2009, the Department underwent a strategic planning process that resulted in the development of system-wide goals for the current five-year period. These goals include:

1. Increase prevention so that families have less need for DCF services.
2. Children to remain safely at home.
3. Achieve more timely permanency for children who must be in care.
4. Improve child well-being for children in care.
5. Ensure that youth who transition from DCF care are better prepared for adulthood.

As outlined in the department's 2010-2014 Strategic Plan, the following measures have been identified:

1. Increase prevention so that families have less need for DCF services.

Indicators:

- 1.1 Fewer families require ongoing protective services.
 - 1.2 Reduce the rate of children alleged to have been abused or neglected (allegations).
 - 1.3 Reduce the rate of abused or neglected children (substantiated).
 - 1.4 Reduce the rate of children living in homes that have previously had an ongoing DCF case.
 - 1.5 Fewer delinquency petitions filed.
 - 1.6 Fewer FWSN petitions filed.
2. Children will remain safely at home.

Indicators:

- 2.1 Reduction in repeat maltreatment.
- 2.2 Fewer removals from home.
- 2.3 Reduce the rate of children entering DCF care.
- 2.4 Fewer reentries into care.
- 2.5 Fewer delinquency commitments
- 2.6 Lower recidivism (Juvenile Justice).
- 2.7 Fewer disrupted adoptions.
- 2.8 Fewer FWSN commitments.

3. Children who must be in care achieve more timely permanency.

Indicators:

- 3.1 Fewer youth in care with a permanency goal of Another Planned Living Arrangement (APPLA).
- 3.2 Increase percentage of children reunified within 12 months of entry into care.
- 3.3 Reduce average length to time to achieve reunification.
- 3.4 Of children having guardianship transferred, increase the percentage achieving that goal within 12 months of entry into care.
- 3.5 Reduce average length of time to achieve transfer of guardianship.
- 3.6 For children who are adopted, increase the percentage achieving that goal within 24 months of entry into care.
- 3.7 Reduce the average length of time to achieve adoption.

4. Improve child well-being for children in care.

Indicators:

- 4.1 Fewer placement changes.
- 4.2 Increase placement with siblings.
- 4.3 Increase the percentage of children placed with relatives.
- 4.4 Increase the percentage of children who are placed in family homes.
- 4.5 Reduce the percentage of children on discharge delay status.
- 4.6 Increase the percentage of children having their needs met as evaluated by the Juan F. Exit Outcome methodology.
- 4.7 Decrease the percentage of children experiencing arrest while in DCF care.
- 4.8 Reduce the length of stay in locked juvenile justice or criminal justice settings.

5. Youth that transition from DCF care are better prepared for adulthood.

Indicators:

- 5.1 Increase the percentage of high school graduates.
- 5.2 Increase the percentage of high school graduates enrolled in post secondary education.
- 5.3 Increase percentage of youth having completed an independent living skills course at the time of transition from care.

- 5.4 Increase the percentage of youth living in a CHAP setting at the time of transition.
- 5.5 Increase the percentage of youth having met their educational or vocational goals at the time of transition for care.
- 5.6 All youth having met DMHAS or DDS eligibility are referred for services and have a plan in place for transition to their care.
- 5.7 Reduce the number of children in care who are re-referred to the Department as parents.

IMPROVEMENTS / ACHIEVEMENTS 2010-2011

One of Governor Malloy's first appointments was Connecticut Supreme Court Justice Joette Katz to serve as the Commissioner of the Department of Children and Families. Since January 2011, Commissioner Katz has led the Department through a period of reorganization, including the transformation of Central Office bureaus, realignment of regional operations, consolidation of agency institutions, and expansion of the department's training academy. Each of these is guided by the Commissioner's vision that strengthening families and enhancing community partnership is the best way to augment the holistic well-being of Connecticut children.

A Realigned Mission

Raising the bar for the department's work, the new administration declared that the department's mission is to support the holistic well-being of children -- their health, safety, learning (in and out of school), the opportunity to develop special talents, and the chance to give back to the community. This revised mission statement moves the agency from a predominant focus on safety and placement to one based on broader and more holistic outcomes for the children and youth it serves.

Agency Transformations

The operational side of the department's central office has seen the elimination of a siloed bureau structure. In its place, two collaborative teams have been established: a Clinical and Community Consultation and Support Team, and a Child and Adolescent Development and Prevention Team.

The regional offices are being more robustly supported to become comprehensive children's service systems capable of supporting children and their families regardless of how they come to require services. Governor Malloy and the Legislature supported establishing six non-classified regional directors who will report directly to the Commissioner. These directors will be at work in the fall 2011.

The Department's two behavioral health institutions are being consolidated, and new brief treatment units are being developed for special populations. In addition to the consolidation of Riverview Hospital and the Connecticut Children's Place, the function of the medical director at these two facilities is being merged with that of the Connecticut Juvenile Training School.

A new Academy for Family and Workforce Knowledge and Development was established, building upon the much smaller training academy focused largely on pre-service and ongoing child protective services training. The Academy will support work throughout the Department.

Five cross-cutting themes will become the framework for much of the agency's training over the coming year.

- A family-centered approach to all service delivery, reflected in development and implementation of a Strengthening Families Practice Model and the Differential Response System
- Trauma-informed practice as related to children and families but also to the workforce that serves them
- Application of the neuroscience of child and adolescent development to agency policy, practice and programs
- Development of stronger community partnerships, and
- Improvements in leadership, management, supervision and accountability.

W.R. Settlement Successfully Completed

The Department completed the requirements of a legal settlement established on behalf of youth with serious mental health needs, reflecting improvements in its ability to serve this vulnerable population of children. The W.R. Settlement Agreement was reached in 2007, five years after the filing of the original complaint in 2002. In the settlement, DCF agreed to make financial investments and major improvements in two areas of programming for youth with serious mental health and behavioral problems. As a result, the Department was able to strengthen and expand statewide the Emergency Mobile Psychiatric Services (EMPS) and implement an Individualized Community Based Options (ICBO) program to provide necessary services in a community-based setting and reduce reliance on more restrictive levels of care.

Individualized plans were established for more than 350 youths, and 56.1 percent of the plans were implemented as originally proposed and were considered either successful or proceeding as planned. Nearly half (49.5 percent) of the youths were considered to be functioning at a higher level or maintaining appropriate stability in their daily lives, and 88.2% of ICBO youth were continuing to live in community-based placements.

Intensive in-home supports were effective in preventing residential placements and preserving existing family placements for 63% of the youth living at home at the point of referral. Services to support an exit from residential care were very effective for 58 percent of referred cases. Only 25 percent were deemed to be unsuccessful. More than 64 percent of WR approved youth have remained in the same placement throughout the duration of their ICBO supported plan.

A New Child Welfare Practice Model and a Differential Response System

The Department's Strengthening Families Practice Model, in development for the past two years with support from Casey Family Programs and Casey Family Services, has been launched in two of the agency's regions with training provided by Partners in Change. Over the coming 12 months, training and implementation will occur in the department's remaining four regions.

The Strengthening Families Practice Model incorporates a focus on family strengths and protective factors and draws on the Strengthening Families framework being implemented across the nation. Core elements of the Connecticut Practice Model include family-centered practice, purposeful visits, family assessment and a family teaming model of engagement.

In January 2012, the Department will implement a new Differential Response System to support families who have been referred for child welfare services but whose child safety risk level is low. Also in development for several years, the Differential Response System serves as a

family-assessment rather than investigative gateway to child welfare services. State funds were allocated to support the provision of community services as part of the Differential Response System, beginning in January of 2012 when statewide implementation will begin.

Other Policy and Practice Changes

As part of the agency's transformation, the Commissioner has begun to craft and issue policy directives that promote practice change across the agency. These include:

- A directive to agency area office staff to make announced, rather than unannounced, visits with parents and families;
- A directive that relative foster care will be the presumed placement for children rather than the exception;
- A directive that all out-of-state placements will require the Commissioner's authorization based on a showing that no in-state resource is available to meet the child's individual needs;
- A policy direction under development that (with rare exceptions authorized by the Commissioner only) children ages six years and younger will not be placed in congregate care settings;
- The expectation that over the next 18 months significantly fewer children ages 12 and younger will be placed in congregate settings; and
- A move to the use of a brief treatment model in the Department's mental health facility units on the North and South Campus of the Consolidated Children's Psychiatric Center.

Congregate Care Rightsizing and Redesign

The Department began a complex analytic process in May 2011 that ended in August 2011 with publication of a significant new report on congregate care. The first focus of this work will be to assure that no children ages six or younger (with very few Commissioner-approved waivers) are placed in congregate care by the later fall of 2011. In addition, Connecticut's reliance on congregate care for children ages 12 years and younger will be dramatically reduced over the coming 12-18 months.

The report also profiled therapeutic group homes, examining program characteristics, cost, length of stay and other aspects of the Department's system of 52 therapeutic group homes. Recommendations are in development to convert some homes now serving young children to programs that will enable youngsters in out-of-state residential treatment to return to Connecticut and begin to be re-integrated into the community.

Six key principles underlie the report and the goals that it sets for future action.

1. DCF will not place children ages six and younger in congregate care, except under a very few exceptions that will require the Commissioner's personal authorization. This will require attention to the neuroscience of early childhood development and a stronger set of relationships with families, foster families (including relative and kinship families) and community providers.
2. DCF will work to dramatically reduce the numbers of children ages 7 through 12 who are placed in congregate care, beginning with those whose permanency goal calls for

reunification with their families, placement in a foster family or adoption. This will require increased supports for families and increased foster and adoptive family resources.

3. For the 1,200 youngsters ages 13 through older adolescence now in congregate care settings (including group homes), DCF will conduct a thorough review to determine how best to ensure their return to a family or kinship-based setting as close to their families of origin as reasonable.
4. When any congregate placement is made, DCF will expect and require the facility to include the child's family or foster family (and other key adults in the child's life) as full participants in the admission, treatment and discharge process.
5. DCF will work with the congregate care sector within the State of Connecticut to gradually implement a brief treatment model in all cases in which that is appropriate. In the Department's own behavioral health facilities, DCF also is moving to a brief treatment model that will be generally limited to 120 days or less. The average stay in private residential treatment and therapeutic group homes is now close to a year or more.
6. DCF will work with families, providers and young people themselves to focus on outcomes for all aspects of the Department's work. This means the Department will expect child and family plans to include both treatment and normative outcomes to be accomplished within a timeframe specific to each child.

The Department will meet with key stakeholders, including families and representatives from both the community and congregate care sectors, to talk through implications of the reports and identify next steps that together can be taken to better serve children and families in a highly effective, family-centered and cost-responsible manner.

Advancing Foster Family Care

A similar analytic process is now underway to study Connecticut's foster family system. This report, to be completed in September of 2011, is expected to outline a series of strategies to increase recruitment of child-specific family homes, increase the numbers of relative foster family homes, decrease the numbers of foster families who drop out of the system due to challenges that the Department can address, and provide both child and family in-home and community supports to foster families who need them. Taken together, these actions will assure sufficient foster families are recruited and retained so that children can return from congregate settings and so that future congregate care placements of younger children are largely eliminated.

The Future of Riverview Report: Ten Steps Forward

The *Future of Riverview Report: Ten Steps Forward*, was issued as required by Section 32 of Public Act 10-3 and was published electronically on April 13, 2011. Representatives of the Office of the Child Advocate participated in this work from March 2011 through issuance of the April report. The report describes the current functioning and challenges of the Riverview Hospital for Children and Youth, an inpatient psychiatric facility accredited by the Joint

Commission on Accreditation of Healthcare Organizations (JCAHO), and the Connecticut Children's Place, a residential treatment institution established in 1883. It recommends the consolidation of the two institutions and outlines a ten-step action agenda, as summarized below:

1. Consolidate the administration of Riverview Hospital with that of the Connecticut Children's Place;
2. Integrate pediatric services across the consolidated institution and the Connecticut Juvenile Training School;
3. Plan for operation of six inpatient psychiatric hospital units at the South Campus (formerly Riverview) and six specialized treatment units, two at the South Campus and four at the North Campus (formerly the CT Children's Place);
4. Improve linkages between the new behavioral health institution and the Department's regional service areas;
5. Assign oversight of the consolidated institution to a new division in the Department's Central Office;
6. Continue to serve as a teaching hospital for residents in child psychiatry;
7. Expand strategic relationships with other state agencies providing services for children and adults with complex behavioral/mental health needs and individuals with developmental disabilities;
8. Participate in the Department's new Academy for Family and Workforce Knowledge and Development to expand training opportunities within and among the Department's institutional and regional units;
9. Develop agency guidelines on restraint and seclusion by October 1, 2011;
10. Apply implementation science and a Results Based Accountability framework agency-wide over the next 24-36 months.

The Department will prepare and publish an Implementation Report on October 1, 2011.

Fiscal Services Improvements/Achievements/Current Efforts

Fiscal Services has identified agency-wide barriers to effective program management and developed a "Roles and Responsibilities" matrix to improve oversight and accountability. They have also streamlined the Agency Service Types and Categories; selected *Protective Factors Survey (PFS)* as outcome measurement tool for the Family Support, Child Safety and Reunification Services Category, and developed a Training and Implementation Plan for PFS which establishes a go-live date of January 1, 2012.

In addition, Fiscal Services finalized a web-based Wrap Funds Automated Approval Process and initiated statewide training. This new process will reduce audit findings, increase accountability, save money and allow collaboration with DSS on Medicaid maximization particularly as it relates to early childhood programming and residential care. Our Fiscal Services team has established procedures to reduce overtime costs associated with facility maintenance and will continue to work to standardize management, oversight and control. Fiscal Services also collaborated with the Program Review Division on the Credentialing Afterschool and Summer Programs, and integrated the Department of Public Health (DPH) licensing requirement into our procedures.

Fiscal Services activated the business continuity plan during a power loss in July 2011 and successfully relocated Hotline to Riverview Hospital for 2nd and 3rd shifts. After the crisis passed, a "hot wash" was conducted to identify lessons learned and revisions to the business continuity plan are expected.

In FY 2010/2011, Information Systems (IS) completed the National Youth in Transition Database (NYTD) enhancement to LINK. NYTD is a federal requirement that provides a survey and tracks the results from the teens that we serve. It is also the primary functionality of a new IV-E automated system for the Revenue Enhancement Unit so that all federal requirements for reimbursement are met.

Several new applications and enhancements have also been installed and implemented by Information Systems:

- An e-docs application that supports the scanning of licenses and background checks into LINK;
- The Placement and Legal Streamlining (PALS 1) enhancement which is a federal requirement necessary for AFCARS and CFSR PIP compliance;
- A web-based application for collecting restraints and seclusions data;
- Developed a provider gateway which will be DCF's first attempt at providing web access for DCF applications;
- Refreshed all cell phones and blackberries for over 2300 users; and
- Requisitioned and installed a Storage Area Network (SAN) that provides enhanced storage, disaster recovery and replication services as well as enables a network realignment to increase speed in the area offices.

Human Resources Improvements/Achievements/Current Efforts

The Human Resources (HR) Division has been instrumental in the reorganization of the agency in collaboration with the Department of Administrative Services (DAS), including recruitment efforts for the new DCF Administrator positions. HR negotiated the parole regionalization efforts, including negotiations with Labor Union representatives, and caseload analysis to equitably distribute staff statewide to DCF Regions. In addition, HR provided consultation and support to the Riverview/CCP reorganization initiative to assure the new structure meets bargaining unit contractual requirements and operational needs. HR also facilitated the implementation of specific personnel actions, planned and executed the human resource component of the Budget Balancing reduction plan (in consultation with the Fiscal Division), issued layoff notices and rescissions to over 200 staff, and initiated a review of overtime policies and procedures to comply with Governor Malloy's overtime reduction effort.

Department Information

Adolescent Services

DCF collaborated with the Judicial Branch Court Support Services Division (CSSD) and the Child Health and Development Institute to implement a school-based diversion initiative that has helped to reduce school referrals to juvenile court and arrests in targeted schools.

Training for police departments in understanding adolescent female development, the implications of trauma, and approaches for working with this population has continued and expanded. Training has expanded to include school resource officers, and interest has been expressed in working with local school systems.

Multiple offices and units across the Department collaborated with community providers on the development of a summer youth employment program with the Office of Workforce Competitiveness to ensure that DCF youth find summer employment.

Over the past fiscal year, the number of young adults who transition from DCF to the Department of Mental Health and Addiction Services (DMHAS) in FY 2011 increased by 28%, from 113 in the prior year to 156. The Department also maintained the lowest-ever average of overdue referrals to DMHAS and the Department of Developmental Services (DDS) at 26 percent. In prior years, the average of overdue referrals was more than 60 percent.

Connecticut Juvenile Training School (CJTS)

CJTS continues working toward American Correctional Association (ACA) re-accreditation, which requires compliance with 329 national performance-based standards. CJTS is reviewing policies and procedures to align with ACA standards and ensuring practice matches policy and procedures.

CJTS focused on developing continuing education opportunities for older residents, including GEDs, vocational and certificate programs, and work experience opportunities in preparation for the second phase of "Raise the Age" in July 2012. Ten students took the SATs and eight students took the PSATs during the first six months of FY2011.

CJTS established the Cady Hawks football team, which had a successful season with both school and facility support. An end-of-the-year formal banquet for players and families was held.

Early Childhood Services: Prevention and Early Intervention

Programs and services for young children and families are offered for both DCF and non-DCF involved children and families. The Early Childhood Consultation Partnership offers statewide mental health consultation services to preschools, including Early Head Start and Head Start, and foster children. This is a nationally-recognized model program for preventing expulsion and suspension of young children from early care settings.

Child FIRST home-based programs operating in Bridgeport, Hartford, New Haven, New London, Norwalk, and Waterbury provide comprehensive services and supports for children (prenatally through age five years) living in high-risk environments or who show the earliest signs of emotional, behavioral, or developmental problems.

The DCF-Head Start Partnership with the Connecticut Head Start Statewide Collaboration Office has established collaborations involving all 14 DCF area offices, Head Start and Early Head Start programs in each area.

Housing and Homelessness Services

The department's Supportive Housing for Families (SHF) program provides assistance with applying for and locating housing through the various permanent housing voucher programs. The program also offers assessment and case management services to assist in the reunification of children and to prevent removal of children due to inadequate housing.

The Department worked with local housing authorities to successfully increase permanent housing vouchers available to DCF families through additional federal housing voucher grants.

The Department also collaborated with local homeless advocacy groups, as well as educational and legal services to establish a homeless youth program. Work is underway to create services and resources.

Mental Health Services

The department's Emergency Mobile Psychiatric Service (EMPS) won the federal Substance Abuse and Mental Health Services Administration (SAMSHA) "Service to Science Award" as the only evidence-based, crisis service for children. Children experiencing a crisis receive an emergency clinical response in their home, and community services are established to avoid the need for placement.

The administrative services organization for the Connecticut Behavioral Health Partnership between DCF and the Department of Social Services fostered improved out-patient care by auditing access to routine care for all enhanced care clinics and monitored the development of agreements between the clinics and primary pediatric providers. The Partnership also maintained the previous reduction of psychiatric inpatient discharge delay days (<20% of total inpatient days) despite a reduction in resources.

Quality Improvement

The Department's Quality Improvement System underwent some changes as a result of the reorganization of the Department in the spring of 2011. As part of the reorganization, the former Bureau of Continuous Quality Improvement was also reorganized. Several small units were combined into larger divisions to improve efficiency. Additional divisions were also added to quality improvement, including the Office of the Ombudsman and the Administrative Case Review Division.

The Department's quality improvement system provides data regarding case practice and congregate care settings to other parts of the Department. These data include:

- Results-Oriented Management (ROM) and LINK reports regarding outcomes for children in DCF care;
- Quarterly reports on the 22 Juan F. Exit Plan Outcome measures;
- Connecticut Comprehensive Outcomes Review (CCOR) reports with information on strengths and areas needing improvement in case practice in DCF area offices;
- Analytic reports produced by the Office for Research and Evaluation (ORE), such as GIS maps with information about client/service needs and quarterly reports on the indicators of the DCF Strategic Plan; and,
- PNMI compliance reports produced by the Program Review and Evaluation Unit (PREU).

Beyond the centralized quality improvement system, every region has staff dedicated to quality assurance and quality improvement functions. Each DCF region has a manager who reports to the Regional Director who oversees quality improvement efforts. The Administrative Case Review Division also has regional managers overseeing that process.

Special Investigation Unit (SIU)

The SIU is responsible for investigating reports accepted by the Hotline pertaining to allegations of child abuse or neglect in which the alleged perpetrator is a licensed or approved foster parent, is acting in a professional capacity of employment in a DCF operated facility or facility licensed by DCF or is a DCF employee in the role of parent, guardian or person entrusted with the care of a child.

The SIU has been able to successfully partner with and coordinate aspects of the investigation across multiple Divisions including Human Resources, the Area Offices, Parole Services, Licensing, the Office of Foster and Adoption Services staff, as well as state and local police, hospitals, and multidisciplinary teams. The SIU staff completes 98 percent of all investigations within the 45 day time frame practice requirement established for Area Office investigations. The SIU conducted 651 investigations between January 2010 and December 2010.

Unified School District #2 Schools

The Department's United School District #2 added a period of literacy instruction to each school's schedule so that all students receive direct reading instruction and fully implemented data teams at each USD #2 school to collect, analyze and make decisions regarding student reading, school attendance and student behavior. All USD #2 staff were trained by the State Education Resource Center (SERC) in data-driven decision making and to assist in the implementation of the operational data teams.

The District designed reading assessment, instruction and progress monitoring systems at each USD #2 school. The District also established a partnership with Literacy How, Inc. to train all USD #2 staff in reading instruction and to assist each school's reading data team in the design of a reading assessment and instruction model.

All USD #2 schools participated in the 2010 Governor's Summer Reading Challenge. Riverview School was recognized again as one of the top performing schools. In addition, the students at the Connecticut Juvenile Training School read a total of 127,580 pages -- averaging 1, 251 pages per student for the 102 students who participated.

Fiscal Services Division

Fiscal Services oversees several units responsible for providing support services necessary to achieving the mission of the Department. It is responsible for safeguarding State resources while procuring goods and services and maximizing federal reimbursements to the State of Connecticut. The Fiscal Services Division also oversees the support functions of Engineering and Information Systems.

Business Operations is responsible for acquiring and maintaining the goods and services necessary to maintaining the general operations of the Department, including all necessary payments for the care and custody of children in State Operated institution care and maintaining operations in the Area Offices.

The **Child Welfare Accounting Unit** is responsible for making all the child specific payments for services, including payments to foster families and residential care.

The **Budget and Accounting Unit** is responsible for creating and monitoring the State Budget and accounting for all other funds, including deferral funds and private contributions.

The **Rate Setting Unit** is responsible for calculating and setting the rates for payment for various types of child placements, including residential, group homes and out of state placements.

The **Grants and Contracts Management** is responsible for applying for grants and procuring and contracting for approximately \$150 million in social and human services provided in the community. Grants and Contracts is also the lead in establishing performance outcomes for purchased services.

The **Revenue Enhancement Unit** is responsible for applying for and maximizing federal reimbursements opportunities for the various services the Department provides to children in our care. The unit is responsible for approximately \$85 million in reimbursements to the State's General Fund annually.

The **Engineering Division** is responsible for overseeing the maintenance and renovation of the three DCF State Operated Facilities and all new construction in cooperation with DPW. The Division assesses the space needs, designs the layouts for leased area office sites and acquires and maintains adequate security in DCF offices. The Division is responsible for maintaining and activating the Department's Continuity of Operations Plan (COOP) plan and other emergency preparedness plans.

The **Information Systems Unit** is responsible for all technology solutions utilized and developed by the Department. This responsibility includes the development and maintenance of LINK, the Department's automated case management system and all other automated and data collection systems. The Unit supports all of the software and hardware needs of 3,400 users statewide. The Unit is also responsible for landline and cell phone telecommunications for the Department.

Division of Human Resources

The Human Resources Division of the Department of Children and Families is comprised of seven (7) units:

The **Labor Relations Unit** is responsible for the areas of collective bargaining, discipline administration and investigation, and provides guidance and consultation to supervisors and managers regarding contract and personnel statute interpretation as well as employee relations issues.

The **Employment Services Unit** is responsible for recruitment, staffing and all related personnel transactions involving employees located in 17 different offices, 3 facilities and the Wilderness School. Employment Specialists execute the HR Generalist function for each office they are assigned to, including filling job vacancies, managing employees on leave, serving as the liaison between the FMLA Unit and employees, and consulting with the area office management team on a variety Human Resource Issues.

The **Payroll Unit** is responsible for all issues concerning wages and benefits, retirement, tuition reimbursement and travel reimbursement.

The **Workers' Compensation Unit** is responsible for all issues concerning Workers' Compensation claims, and safety issues.

The **CORE Unit** is responsible for the management of all positions at DCF, including refills, establishments, reclassifications, inactivation, etc. It is also responsible for auditing and processing all Human Resources transactions for Core-CT (which is the State's integrated statewide Human Resources and Payroll System).

The **FMLA Business Unit** was developed and implemented to centralize the process of handling FMLA requests by employees. This provides for a consistent practice and correct application of state and deferral FMLA law.

Other responsibilities handled by the Human Resources Division include: the Workplace Violence program, Partnering for Success Initiative, Human Resources newsletters staff, Bring a Student to Work program and maintenance of the DCF Intranet and Internet Human Resources websites and an internal HR SharePoint site.