

# Connecticut 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 Chap. 319**

**Central office - 505 Hudson Street, Hartford, CT 06106**

**Average number of full-time employees - 3,247**

**Recurring operational expenses - \$802,034,546**

**Capital outlay - \$0**

## *Organizational structure -*

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

## **Mission**

*In partnership with families and communities, the Department of Children and Families will advance the health, safety and learning of all children in our care and custody, identify and support their special talents, provide opportunities for them to give back to their communities, and to transition from the Department with enduring, positive adult connections.*

Our goal is for children in our care and custody to be **healthy, safe, smart and strong**. This applies as well for their families and for our workforce.

**Regional/Area Offices**

<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>	<b>Region 4</b>	<b>Region 5</b>	<b>Region 6</b>
Bridgeport Norwalk/ Stamford	Milford New Haven	Middletown Norwich Willimantic	Hartford Manchester	Danbury Torrington Waterbury	Meriden New Britain

**Facilities**

- Connecticut Juvenile Training School (CJTS)
- The Albert J. Solnit Children's Center -- North Campus (formerly Connecticut Children’s Place)
- The Albert J. Solnit Children's Center -- South Campus (formerly Riverview Hospital)
- Wilderness School

**DEPARTMENT DATA AND INFORMATION**

**Children and Families Served**

- At any point in time, the Department serves approximately 35,000 children and 15,000 families across its programs and mandated areas of service.
- Approximately 14,000 cases are open on a given day.
- Approximately 3,800 families with children living at home receive services.
- Approximately 2,000 investigations and 1,000 family assessments are underway at a point in time.
- Approximately 4,300 children are in some type of placement.
- Approximately, 650 children receive voluntary services and are not committed to the Department. About 550 of these children are receiving services at home, with the balance receiving services out of the home.

**Reports of Abuse and Neglect**

The Department Careline received approximately 96,000 calls. Of those, 45,748 were reports and 27,354 were accepted for investigation.

Investigations were commenced in a timely manner 97 percent of the time, and 92 percent were completed in a timely manner (45 days or less).

The investigations resulted in substantiations of 1,387 allegations of physical and sexual abuse and 16,803 allegations of physical, emotional, educational and/or medical neglect.

## **Adoptions and Subsidized Guardianships**

Adoptions were finalized for 435 children. Guardianship was transferred for an additional 264 children whose new family is receiving a subsidy from the Department.

## **Supporting Success through Post-Secondary Education**

Nearly 600 youth (593) attended a post-secondary education program with the department's support in Calendar Year 2011.

### **Improvements/Achievements 2011-12**

To guide the necessary transformation of the Connecticut Department of Children and Families, incoming leadership identified six themes (also called strategies in an RBA context) to be employed across the entire agency over the four years of the current administration (January 2011 through January 2015).

1. **Family-centered** policy, practice and programs, with an emphasis on strengths rather than a deficits-only approach
2. Applying the **science of brain development** in early childhood and adolescence
3. Advancing **trauma-informed practice** because so many of our clients have experienced significant adversity in their lives
4. Building **new partnerships** at the community level and strengthening interagency work at the state level to share responsibility and leverage resources
5. Expanding agency **leadership** and **management** capacity, and **public accountability** for results
6. Building a **learning organization**.

These strategies resulted in a number of agency transformations:

#### **1. Greater use of family-centered policy and practice**

- Reduction in children in congregate placements outside of Connecticut
- Reduction among children ages 12 and younger in congregate care
- Elimination of children ages six and under in congregate placement
- Increased the use of relative foster family care as the first placement choice
- Implementation of Strengthening Families Practice Model including family assessment, purposeful visits, child and family teaming and greater levels of family engagement
- Introduction of Differential Response System to deflect referrals of children with no safety issues and lower risk concerns back to the community for care management and services

The data:

- Out-of-state congregate placements down from 364 to 111
- Children in placement ages 12 and younger down from 200 to 71
- Children in placement ages 6 and younger down from 38 to 4
- Increase in first time placements into relative foster care from 14% to 25%

- Increase in the proportion of all placements going into relative foster care from 15% to 20%
- Reduction in caseload due to Family Assessment System with referrals to community and fiscal supports

## **2. Development of program models to serve most challenging youngsters**

- *Family and Community Ties Foster Care* RFP and six contracts awarded: Direct service to begin October 1, 2012
- Specialized community group home for adolescent girls with psychiatric problems and aggressive behaviors: Specifications released in August, responses due September 2012
- Community-based intensive intervention program for boys with psychiatric problems and aggressive behaviors developed and became operational in July 2012
- Reopening of DCF facility for adolescent boys with psychiatric problems and aggressive behaviors at the Albert Solnit Children's Center North Campus
- Opening of two DCF units for adolescent girls requiring sub-acute care for psychiatric problems and aggressive behaviors at the Albert Solnit Center Children's Center South Campus
- Development of Unique Service Expenditure policy and practice guide to acquire specific, customized services for youngsters with complex needs to prevent placements and return youth in placement to family-based settings.

## **3. Improvement of education and training services for adolescents with child welfare and juvenile justice commitments**

- Access to CT Community Technical High Schools beginning summer of 2013
- Development of Manufacturing Preparation program in partnership with the Connecticut Business and Industry Association (CBIA): beginning fall of 2012
- Initiated redesign of *Support Teams for Educational Progress (STEP)* community re-entry program for juvenile justice involved young men: RFP to be issued December 2012
- Expanded *Work and Learn Programs* and summer employment opportunities.
- Executed MOU with the State Department of Education to provide academic and school performance data for all DCF foster care children in local public schools

## **4. Promotion of early identification of problems and expanded trauma-informed practice**

- Executed MOU with the Department of Developmental Services to implement federally mandated referrals to the Connecticut IDEA Part C Birth to Three System
- Implemented federal grant to expand access to Head Start programs for DCF young children
- Launched *First 1000 Days: Getting it Right from the Start*, an initiative with Governor's Office and six state agencies to identify the state's most vulnerable young children and expand coordinated access to family-based intervention and prevention services. Planning for phase 2 has begun.
- Provided state funding for *Child FIRST*, an evidence-based early intervention program for very young children and their families with significant mental health and child welfare needs

- Initiated implementation of a five-year federal competitive grant award to expand trauma-training and evidence-based trauma practice and programs

**5. Established agency infrastructure to reflect priorities, reinvested cost savings in community based programs rather than congregate services**

- Created DCF Academy for Family and Workforce Knowledge and Development, and conduct monthly Leadership Institute sessions
- Trained 2,000 DCF employees in the new Strengthening Families Practice Model
- Consolidated two agency institutions (CT Children's Place and Riverview Psychiatric Hospital to the Albert J. Solnit Children's Psychiatric Center) resulting in increased service availability to high risk, high need populations: completed
- Moved to a Results-Based Accountability framework agency-wide
- Partnered with the Department of Social Services in development and launch of an IT new Service Oriented Architecture for claiming reimbursement and real time data sharing to improve coordinated services to families on the caseload of multiple state agencies
- Expanded use of evidence-based programs and performance contracting with private providers funded by DCF
- Controlled out-of-state placements, reduced congregate care utilization to better serve children and effect cost savings
- Invested an additional \$15 million in community programs based on congregate cost savings in SFY 12-13

**6. Expanded interagency collaboration and public-private partnerships**

- Created and led the DCF public-private Continuum of Care Partnership
- Partnered with the Connecticut medical community to improve health and safety examinations for children with traumatic injury.
- Partnered with the policy and justice sector to address the human trafficking of minors in Connecticut with a special focus on vulnerable adolescents actively or formerly in DCF care
- Partnered with Connecticut Child Justice Foundation to educate and train attorneys to represent kids in care around education.
- Partnered with the Connecticut Office of the Healthcare Advocate and the Department of Administrative Services to increase private insurance and parental contributions to support the care of children participating in the DCF Voluntary Services Program.
- Developed or modified Memoranda of Understanding with the Department of Mental Health and Addiction Services, Department of Developmental Services, State Department of Education

These and other changes have effectively transformed the Department. In 18 months and as of July 1, 2012, the Department's staff achieved the following substantial improvements:

- 10 percent reduction in children in care;
- 64 percent reduction in children in an out-of-state placement;
- 17 percent reduction in children in congregate care;

- 89 percent reduction in children in congregate care age 6 or under;
- 50 percent reduction in children in congregate care ages 7 through 12 ;
- 33 percent increase in children in a relative home;
- 30 percent increase in children in a kinship home; and
- 11 percent increase in children in family care.

## **DCF ACCOMPLISHMENTS IN DETAIL**

### **A New Child Welfare Practice Model and a Differential Response System**

The Department's Strengthening Families Practice Model, developed by the Center for the Support of Families and implemented in Connecticut with support from Casey Family Programs and Casey Family Services, has been launched statewide utilizing the "Partners in Change" curricula. The Practice Model incorporates a focus on family strengths and protective factors and draws on the Strengthening Families framework being implemented across the nation, led by the Center for the Study of Social Policy. Core elements of the Connecticut Practice Model include family-centered practice, purposeful visits, family assessment and child and family teaming.

In March 2012, the Department also implemented a new system called Differential Response (DRS) 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, DRS serves as a family-assessment rather than investigative gateway to child welfare services. State funds were allocated to support the provision of community services. Six community partner agencies were selected and are working to support families and connect them to an array of community supports and resources designed to promote safety and well-being of children and their families.

Both the Strengthening Families Practice Model and the Differential Response System are based upon renewed efforts to engage and empower families using a team approach that emphasizes listening, discovering strengths and viewing family members as key to any solution. While early in its implementation, reports from both families and staff are that this non-adversarial, strength-based approach builds stronger relationships and better outcomes without compromising safety.

### **Team Decision Making/Child and Family Teaming**

Working together with the Annie E. Casey Foundation, the Department is implementing Team Decision Making (TDM), a process that convenes families, their natural supports, service providers, and DCF staff to identify strength-based solutions and enhance case planning and outcomes for children. The Department first used TDM to significantly reduce the use of congregate care for younger children and now is using this process to transition older children to lower levels of care.

Also known as Child and Family Teaming, the process is a core component of the Strengthening Families Practice Model and will be expanded for use with families at the point when decisions are made about removing children from their homes and throughout the life of a case when developing and implementing components of a family's case plan. The Annie E.

Casey Foundation's Child Welfare Strategy Group is working with groups of staff at all levels and from all disciplines to develop Connecticut's teaming model. This includes a review of current policies and practices, the development of a training curriculum and coaching for staff in the area offices. All-staff training will begin and the full continuum of teaming meetings will be ready for implementation in early 2013.

### **Reducing Reliance on Congregate Care (Congregate Care Rightsizing Initiative)**

Commissioner Katz made reducing reliance on congregate care a top priority. As a result, the Department launched its Congregate Care Rightsizing Initiative in August 2011 with an initial focus on children ages 12 and younger. Through practice changes, administrative mandates, and the use of Team Decision Making to support collaboration among the family, providers and the Department, the number of children in congregate care ages six and younger declined 89 percent between January 2011 and July 2012. During the same period, the number of children between the ages of 7 to 12 in congregate care declined by 50 percent. For all children in the Department's care, the percentage of children in a congregate setting declined 17 percent during the 18-month period. A second phase of the rightsizing initiative began in May 2012 focusing on children ages 13 to 15.

Commissioner Katz also reformed the process for using out-of-state placements by requiring all such placements receive her personal approval based on a showing that the child's individual treatment needs cannot be met in Connecticut. The Behavioral Health Partnership (see below) -- a collaboration between DCF and the departments of social services and developmental services -- worked closely with DCF staff and facility staff to reduce length of stay, redirect youth to alternative sources of care, and assist DCF in identifying resources that needed to be replicated in-state. As a result, the number of children out of state declined 64 percent between January 2011 and July 2012.

### **The First 1000 Days: Getting it Right from the Start**

On June 18, 2012, six state agencies and the Judicial Branch convened to launch a 1,000 day effort to support Connecticut's most vulnerable children, prenatal through age 3, served by multiple agencies. This initial event, opened by Governor Malloy and Lieutenant Governor Wyman, will be followed by opportunities -- over the 1,000 days -- to expand and continue this work through additional convenings, specific topic-focused webinars, a public gateway website and public-private sector engagement at both the state and local level.

State sponsors include DCF, the Departments of Public Health, Social Services, Developmental Disabilities, Education, Mental Health and Addiction Services, the Connecticut General Assembly's Select Committee on Children, and the Connecticut Judicial Branch, Family and Juvenile Divisions. Many additional organizations have signed on as supporters.

### **Foster Care and Adoption**

Commissioner Katz placed improvements to the foster care system at the top of the Department agenda, including, in particular, expanding the use of relatives as resources and improving relationships with foster parents to enhance recruitment and retention. A number of

reforms have taken place to support this effort, including improvements to the process for licensing relatives to increase the use of this invaluable family resource. Work with the Child Welfare Strategy Group of the Annie E. Casey Foundation identified improvements in the licensing process. Staff training was conducted, and resource guides for staff and relatives were produced. As a result of these combined efforts, the percentage of children in care living with a relative increased 33.5 percent during the 18 month period ending July 2012, and the percentage of children in care living in some form of family setting increased 11.8 percent during the period.

In September 2011, the Department issued a report entitled, "We All Need Somebody: Supporting Children, Families and Workforce in Connecticut's Foster Family Care System." In this report, the Department looked at all aspects of the foster care and adoption system, analyzed workflow and trends, and compared Connecticut's outcomes to national data and other states. Among the changes the report spawned was a decentralized structure to enhance relationships with foster parents by integrating the foster care and adoption staff into the regional office administration. An internal campaign, entitled "Support is Everyone's Job," is raising staff awareness about the need to improve relations and services to foster parents.

In addition, a review of how the Department is utilizing its foster homes was conducted. The review also identified the types of children most in need of family-based placement and how to develop those resources. The review provided a snapshot of DCF placement resources and identified the types of foster homes that are lacking for specific age groups of children and how to specifically recruit for these populations. As a result, the Department identified funding to begin the Community and Families Ties foster care model. In this professional parent model, homes will be recruited and licensed to provide care for the most complex children. Youth referred will be those currently in a residential setting and will receive intensive support services in an in-home setting. Provider agencies have been identified and youth will begin placement by October 2012.

During State Fiscal Year 2012, the Department completed 435 adoptions and transferred guardianship for 264 children. During the period, the Department licensed over 775 new foster and adoptive homes.

## **Fatherhood Matters**

Research indicates that the unique way fathers interact with their children contributes to the healthy development of children from infancy through early adulthood. In concert with the Department's ongoing efforts to support and promote healthy, safe, smart and strong children and families, DCF is placing emphasis on fatherhood engagement as a critical component of family-centered practice. The overarching goal of the Fatherhood Matters initiative is to promote positive outcomes for children through the meaningful involvement of fathers in child welfare services.

A primary strategy of the agency's efforts to more effectively engage fathers across the agency's mandates has been emphasizing key areas of practice, including engaging non-resident and incarcerated fathers. Some additional areas of emphasis in case practice have been:

- Early and ongoing efforts to identify, locate, and engage fathers in the child welfare process;

- Assessing the needs and strengths of fathers as a crucial piece to a holistic assessment of risk and protective factors;
- Exploring the attitudes, perceptions and personal biases held by both agency staff and community fathers, which may impact fatherhood engagement practice;
- Establishing Fatherhood Engagement Leadership Teams (FELT) in the regional offices to strengthen community partnerships, build on successes and lessons learned, and translate promising approaches from the field to the development and implementation of strategies for supporting practice;
- Forming partnerships with community provider agencies to offer support services designed to promote responsible fatherhood for child welfare-involved fathers; and
- Coordinating learning forums across sister agencies and New England child welfare jurisdictions aimed at sharing successes, challenges, and lessons learned in system reform.

Over 80 community fathers have participated in regional Fatherhood Listening Forums designed to learn from and better understand fathers within their cultural and community contexts. Many of the fathers have volunteered to partner with DCF in planning and training activities following their participation.

### **The Connecticut Behavioral Health Partnership**

Since its inception in 2006, the CT BHP has focused on reducing reliance on unnecessary psychiatric inpatient care. The highly-restrictive nature of hospitalization combined with costs that could be diverted to support community-based services have made the management of inpatient care a high priority within the Partnership.

The percentage of discharge delay days for HUSKY youth on inpatient units decreased from 19 percent of all inpatient days in CY2010 to 11 percent of all inpatient days in CY2011. This significant drop in days that HUSKY youth spent unnecessarily in the hospital (6854 to 3555) was the result of concerted effort and coordinated activity between Value Options, DCF, and the inpatient units. The medically necessary average length of stay for HUSKY youth on psychiatric units dropped to 11.7 days.

While the number of HUSKY youth statewide in Emergency Departments (ED) increased over the past year from 671 in CY2010 to 846 in CY2011, the average length of time spent in the ED waiting for final disposition remained consistent at 1.5 days. This suggests that despite significantly higher volume of youth seeking care through the state's ED system, the pace at which complex youth can access a needed inpatient bed or alternative community resource has remained constant. The Partnership is working with the EDs at CCMC and Yale to better understand this notable uptick in youth cycling through the EDs in order to identify causes and develop specific interventions.

### **Youth Transitions to Adult Care Systems**

The Department works together with the Department of Mental Health and Addiction Services (DMHAS) and Department of Developmental Services (DDS) to plan for and transition the provision of services for youths who may need support from the adult systems. From the beginning of State Fiscal Year 2007 through 2012, DCF screened 5,911 youths (age 15) to

determine if they had significant mental health challenges and were appropriate for referral to DMHAS or DDS. The screening entails a review of all 15-year-olds, regardless of DCF legal status, who are in out-of-home care and/or receiving behavioral health services managed by the Behavioral Health Partnership.

In addition to the screening process, DCF referred 1,938 youth to DMHAS since State Fiscal Year 2007, with an 88 percent acceptance rate. In State Fiscal Year (SFY) 2012, 222 youth were referred to DMHAS, and special effort has been made to improve the transition process and timeliness. Eighty-six percent of the youth who transition to DMHAS from DCF are 18 or 19 years of age.

In SFY 2012, separate Memoranda of Agreement were revised and signed with DMHAS and with DDS. These define referral and transition protocols. An important inter-departmental initiative began to bring staff from DCF, DMHAS and DDS together with the Office of Policy and Management to identify and resolve systems issues and barriers that impact the treatment and transition of children, youth and young adults. One focus of ongoing meetings is to discuss individuals involved with DCF who need adult ongoing services but do not meet eligibility criteria for either agency. In addition, the group will review administrative and systems policy, procedures and practices that impede access and smooth transition.

Each year since 2005, DCF and DDS have worked together to transfer over 350 children/youth from the DCF Voluntary Services program to the DDS Voluntary Services Program, which has maximized the state's revenue enhancement capacity. In SFY 2012, DCF identified 35 children for transfer. In addition, DCF and DDS are working on transfers from DCF to the new Autism Division at DDS.

### **Juvenile Justice Services**

DCF collaborated with the Judicial Branch Court Support Services Division (CSSD) and the Connecticut Youth Services Association to implement Local Interagency Service Teams (LIST), a strategy for the establishment of an integrated system for planning, implementation and evaluation of juvenile justice service delivery. LIST provides a venue for community-level interagency coordination and formal communication and planning between state agencies and local communities around juvenile justice issues. The LISTs supported the establishment of nine additional Juvenile Review Boards statewide (bringing the total from 56 to 65) and three community pilot projects to reduce school-based arrests. The LISTs also identified data and service gaps, and secured funding for summer programming.

In 2012, the Parent Project® program was implemented in fifteen sites statewide. Parent Project® is a 10-to-16 week parent training program designed specifically for parents struggling with difficult or out-of-control adolescent children. Recognized by the federal Office of Juvenile Justice and Delinquency Prevention, the program focuses on the most destructive adolescent behaviors including family conflict, poor school performance and attendance, negative peer associations, including early teen sexuality, gangs and the occult, drug use, running away, violence, and teen suicidality.

Over the past year, DCF parole services have been transitioned to the regional administrative structure. Approximately 350 youth are served on a daily basis by parole units and they now benefit from all state-wide coordinated services as well as all regional and community-based services. It is approximated that on a given day 150 of these youths are in a congregate setting and 100 are served at the Connecticut Juvenile Training School. The balance of the youths are served in the community.

### **Adolescent Services: Work Learn**

DCF, in collaboration with private provider Our Piece of the Pie, Inc. (OPP), opened a new Work Learn site in southeastern Connecticut. The new program, which is the fifth site around the state, works with 35 youths served by the Norwich and Willimantic DCF area offices and is the first program of its type in the region. The Work Learn program offers a relationship-centered approach to helping youth and young adults attain the educational, employment, and personal skills that lead to success. The program develops an individualized plan based on a youth's aspirations and maps a realistic path to achieving his or her goals. It also provides a caring adult in the youth's life who can advise them. Youth involved with Work Learn meet regularly with a youth development specialist who acts as a life coach and actively engages them in goal planning and provides them with practical guidance and motivation to achieve higher goals. Basic programming includes:

- Every youth is matched with a youth development specialist;
- Youth development specialists assess the youth and his/her needs as well as work with each youth to determine a pathway to a long-term educational and/or employment outcome;
- All youth participants have access to educational, training/employment, and support services;
- Each youth engages in a unique mix of programming based on their needs and goals; and
- OPP actively engages its referral partners to help youths overcome barriers not directly addressed by OPP programming.

### **Adolescent Services: Youth Employment Initiative**

Historically, there has been a lack of access to summer employment for DCF-involved youths. This is particularly true for youth involved with the Juvenile Justice system. To address this need, DCF, working closely with the state Department of Labor (DOL), began the Summer Youth Employment program (SYE) in the spring of 2011. The goal of SYE is to provide meaningful subsidized summer employment for DCF youth. In collaboration with DOL, the five statewide Workforce Investment Boards selected local community organizations and businesses to provide coordination and oversight of work readiness skill development and employment work site/work experience opportunities for six weeks during the summer. For many of the 260 participants, this was the first time they worked for an employer. Ninety percent completed the work readiness employment program. The employers, well-distributed among the public, nonprofit, and private sectors, served as mentors to the participants and supervised them closely. Because of funding that remained unused, some of the participants continued their employment through the 2011-2012 school year.

In January 2012, the Youth Employment Initiative began its first full year of operation. An MOU again was signed with DOL giving youth the opportunity to participate in the six-week summer program and to continue their employment throughout year. Additional funds were made available, and, at the start of the summer program, over 350 youth were matched to a summer job in their communities. These youth participated in gainful summer employment.

### **Academy for Family and Workforce Knowledge and Development**

The new DCF Academy for Family and Workforce Knowledge and Development builds upon and expands the Department's original Training Academy by formally integrating the Provider Academy, advocacy groups, community service providers, professional organizations, other State agencies and public and private universities. The reorganization of the Training Academy reflects the belief that collaboration among interdisciplinary professionals (1) improves services and client outcomes and (2) ensures that workforce knowledge and development remains a continuous and coordinated process within and across agencies.

In December 2011, the newly-established Provider Academy initiated online registration and expanded its target audience to include parents, foster parents, and community partners not funded by DCF. Trainers include experienced DCF staff, professors from local colleges and universities, professionals from other state agencies, providers with relevant expertise, and partners from the broader community. Consistent with DCF's six cross-cutting themes, the Provider Academy established a number of training tracks, including trauma-informed and family-centered practice, child and adolescent development, and foster care.

The Academy continues to offer a series of mandatory training modules over the course of 10 months to all new social workers. Pre-service training involves classroom learning, supervised casework experience in a training unit in the regional office, and practice-level activities aimed at enhancing transfer-of-learning. Each new hire attends 25 classes and receives 34 total days of training. Content is updated regularly to reflect changes in policy, practice and agency initiatives. New offerings include (1) strengthening families through engagement; (2) purposeful visits and family-centered assessments; (3) fatherhood engagement; and (4) human trafficking.

During the past year, the Academy concentrated efforts on a five-day program supporting the agency's "Strengthening Families" Practice Model. The first three days, referred to as the "Partners in Change" (PIC) training, focuses on the agency's paradigm shift towards strengths-based, family-centered practice. The training emphasizes six "principles of partnership":

1. Everyone has strengths;
2. Everyone desires respect;
3. Everyone deserves to be heard;
4. Judgments can wait;
5. Partnership is a process; and
6. Partners share power.

As of the close of SFY2012, more than 2,000 staff has been trained, including social workers, paraprofessional staff, supervisors, and managers in both the regional offices and central office.

Regional office staff also are attending a two-day training on family-centered assessment and purposeful visitation. This training covers the assessment of protective factors and capacities -- both of which are prominent features of the national Strengthening Families model. It also teaches staff on the use of assessment tools to holistically gather information and assess child and family needs. As of the end of SFY2012, more than 850 staff participated in the two-day training.

In addition, the Academy provided learning opportunities for supervisors, managers and administrators. Supervisors receive training and coaching to support the Strengthening Families Practice Model. Managers participated in forums by the *Yale Program on Supervision* to support the Department's current organizational development by increasing manager's competency in structuring supervision to enhance the current organizational change process. Newly-appointed top leaders in the agency, with the guidance and support of Commissioner Katz and her leadership team, participated in a comprehensive, five-day training orienting all the leaders to the new mission, vision and overall direction of the agency. Subsequent sessions are held on a regular basis.

### **Girls' Services**

The Academy maintains a Girls' Provider Network to facilitate collaboration among public and private providers serving girls in residential, inpatient psychiatric, and community-based settings. Program guidelines have been developed to improve gender-specific, trauma-informed services, and training and resource sharing occur across the Girls' Provider Network. The Academy staff provides intervention, support, and case consultation in private and public facilities as requested.

### **Domestic Minor Sex Trafficking**

In order to combat the victimization of vulnerable children, Commissioner Katz has made the Department's response to domestic minor sex trafficking a focus. The Department established the Human Anti-trafficking Response Team (HART) to identify and respond to the problem, create awareness and education, and ensure treatment to victims. This interdisciplinary team works with local, state and federal law enforcement and emergency departments to improve the response to child victims. Training is provided to DCF staff and police, and awareness efforts are targeting police, medical providers, foster parents, judges, public defenders, the media and the community.

A curriculum for girls, "My Life, My Choice," is available for providers in the Girls' Provider Network to educate girls about how they can better protect themselves. Specialized training on treatment responses is in the final stages of development and will be offered during a 3-day Domestic Minor Sex Trafficking certification offered by the Department.

A multi-disciplinary team, consisting of law enforcement, community-based providers and state agencies, is developing a toolkit for police and private providers to improve collaboration and the effectiveness of the joint response to trafficking victims. The team is working together to gather information and share data and resources

## **Improving Medical Protocols for Identifying Abuse**

In the effort to prevent future abuse, DCF and hospitals throughout the state are launching a statewide educational initiative aimed at teaching doctors to conduct a thorough examination of any child brought in with a traumatic injury. The purpose is to make sure the child's symptoms are associated with an isolated incident, not part of a pattern of abuse.

DCF and Hartford Hospital now are working with several medical groups, including the Department of Public Health's Pediatric Trauma subcommittee, to develop new hospital standards that will raise awareness, educate, and encourage both new and existing physicians to conduct more extensive "investigative medicine" in these situations. In addition, medical providers will be supported to more fully check past records to see if an incident is part of a larger pattern. These new protocols would be implemented at all medical settings, including hospitals, clinics, and doctor offices.

## **Results Based Accountability**

From the beginning of her term, Commissioner Katz identified Results Based Accountability (RBA) as an important tool to help move DCF from an output-oriented agency to an outcome-based agency. Through her leadership, the agency is moving in a new, results-oriented direction.

DCF has aligned its new strategic plan with the legislatively-mandated Children's Report Card and has adopted its results statement: "Connecticut's children grow up in a stable living environment, safe, health, and ready to lead successful lives." The Department's six, newly-established cross-cutting themes (see above) constitute the DCF implementation strategy and frame its work plan.

The Community-Based Services Outcomes Work Group has categorized outcomes across all program types and is working across groups of service types to replace compliance-oriented measures with RBA outcome measures that answer the questions: How much did we do? How well did we do it? And, most important, is anyone better off? When this work is completed, all DCF contracts will include RBA outcomes. Across the state, regional workgroups are developing action plans that target specific areas for improvement using an RBA format and focusing on outcomes that reflect an increase in client well-being.

## **CONCEPT Trauma Informed Practice Grant**

To advance the department's focus on trauma-informed practice, in October 2011, the Department received a federal Administration for Children and Families (ACF) five-year, \$3.2 million grant to improve trauma-focused services for children in the child welfare system. The Connecticut Collaborative on Effective Practices for Trauma (CONCEPT) is a collaborative effort between DCF, the Child Health and Development Institute of Connecticut (CHDI), the Yale Child Study Center, and the Consultation Center at Yale University. The CONCEPT Coordinating Center is located in the Connecticut Center for Effective Practice, a division of CHDI. The specific goals of the grant are to:

- Support the DCF workforce development to become more trauma-informed and to combat secondary traumatic stress that often impacts the well-being and performance of child welfare staff;
- Develop and institute a system-wide DCF protocol and quality assurance mechanism for screening and referring children in need of trauma-focused treatment and services; and
- Disseminate two trauma-focused, evidence-based treatment models to community-based providers and facilities around the state for assessment and treatment of children and youth screened by DCF.

This involves work to expand the existing network of community providers trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and train additional providers. Providers will also be trained in Child and Family Traumatic Stress Intervention, a short-term intervention delivered acutely following trauma exposure.

The first year of the CONCEPT grant is for planning, assessing system readiness, and developing specific plans for how each of the grant's goals will be accomplished. A variety of stakeholders, including staff from all levels of DCF, community providers, and family representatives, have been recruited to work with DCF and its grant partners on the planning process. The second year of the grant, beginning October 1, 2012, will begin implementation.

### **Early Childhood/Child Welfare Grant**

DCF received a 17-month grant in October 2011 to ensure access to quality early childhood education programs for foster children in Region 4, with an eventual plan to expand statewide. Significant cross-training in protective factors, infant mental health and the neuroscience of early childhood development and trauma is underway for child welfare staff and Headstart and Early Headstart teachers and trainers.

### **DCF Continuum of Care Partnership**

The DCF Continuum of Care Partnership, established in September 2011, is designed to advance the Department's mission, policy goals and cross-cutting themes through a public-private partnership that includes representation from core internal and external stakeholders. The Partnership involves over 100 individuals and organizations advising the Department on the implications of its policy shifts, service gaps and opportunities for joint trainings and professional development.

From its inception in September 2011 and continuing on an ongoing basis, the Partnership addresses issues related to the entire age range of youngsters served by the Department. At times, the Partnership may focus on certain ages or certain parts of the Connecticut continuum of care in order to prepare timely reports to the Commissioner of the Department.

Members on the Partnership may change over time, but each member who accepts the invitation to serve accepts the responsibility to represent a broad constituency of organizations and interests. Each member serves as an information gateway between the Partnership and

organizations that work to assure the healthy development and well-being of vulnerable children and their families served by the Department across the state's existing continuum of care.

### **Fiscal Services Improvements**

The Fiscal Services Division initiated a debit card program in conjunction with JPMorgan Chase Bank. Debit cards are funded through Central Office and eliminated the need for the current voucher system with area retailers. To ensure that state resources are used appropriately, Fiscal Services designated specific Merchant Category Codes (MCC) that disable debit cards from purchasing certain prohibited services and commodities. In State Fiscal Year 2012, the Fiscal Services Division processed 11,014 debit card transactions with a cumulative value of \$1.2 million.

The Fiscal Services Division completed a web-based process to automate approval of flexible fund expenditures and conducted statewide training. This new process will increase accountability, save money and allow collaboration with the Department of Social Services on maximizing federal reimbursements, particularly as it relates to early childhood programming and residential care. Fiscal Services also collaborated with the DCF program review division on credentialing afterschool and summer programs and integrated the Department of Public Health (DPH) licensing requirement into our procedures.

In State Fiscal Year 2012, DCF Information Systems (IS) completed the National Youth in Transition Database (NYTD) enhancement to the DCF LINK database. Required by federal law, NYTD surveys and tracks the results from the teens that we serve. It also supports a new IV-E automated system for the Revenue Enhancement Unit so that all federal requirements for reimbursement are met.

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

- An e-docs application that supports the scanning of licenses and background checks into the LINK database;
- The Placement and Legal Streamlining (PALS 1) enhancement, which is necessary to comply with federal reporting requirements;
- A web-based application for collecting restraints and seclusions data;
- A provider gateway that enable web access for DCF applications;
- Enhancement of the central office phone system including the Careline call center;
- Installation of a Storage Area Network (SAN) that provides enhanced storage, disaster recovery and replication services; and
- Network realignment to increase data transmission speed between the area offices.

### **Human Resources Initiatives**

The Human Resources (HR) Division continued to work with DCF leadership in agency reorganization efforts that involved a close collaboration with the Department of Administrative Services to ensure that job specifications reflect the needs of the agency and that the planned organizational structure can be supported. Communication with the employee bargaining units

was ongoing as reorganization efforts were implemented and any impacts of those efforts were negotiated as needed. HR continued to facilitate the merger of Riverview Hospital and Connecticut Children's Place as they became one facility under a unified leadership structure. The caseload analysis project for ensuring equitable distribution of social work staff to each region based on caseload continued as areas of overstaffing and understaffing were identified and positions were allocated accordingly. This effort is ongoing and will ensure that social workers in all areas are being utilized appropriately and carrying appropriate caseloads. The same analysis has been applied to the allocation of social work supervisory staff to ensure appropriate supervisory ratios.

HR continues to recruit staff into vital positions while ensuring compliance with the State Employee Bargaining Agent Coalition agreement and was able to rehire several probationary employees who were impacted by the prior year layoff. In addition to its routine work of supporting the agency, administrators, managers, supervisors and staff in all employment and labor-related matters, staff in Human Resources began attending the Strengthening Families Practice Model/"Partners in Change" training that has been provided to field staff. The purpose is for HR staff to understand what the Department expects of its workers when providing service to clients and ensuring that those same principles are being employed within the agency and, specifically, by HR staff in all their dealings with agency employees.

## **Division and Facility Information**

### **Multicultural Affairs**

The Office of Multicultural Affairs oversees the Statewide Multicultural Advisory Council (MCAC) and Diversity Action Teams (DAT). In conjunction with the DCF Office of Legal Affairs, Multicultural Affairs also is responsible for obtaining visas for undocumented clients and birth certificates for Puerto Rican persons to comply with federal law.

The Office provides crisis intervention as needed to support DCF facility and regional staff when issues of immigration arise. The Office also coordinates all language translation services and compliance with Title VI and trains DCF staff and colleagues from the private sector on policies, procedures and delivery of culturally-competent practices and transactions. In conjunction with the DCF Division of Human Resources and the Office of Equal Rights and Opportunity, the Office collects, analyzes and reports on relevant data to ensure compliance with state and federal standards related to multicultural affairs and diversity in the workplace.

The Office also participates with federal agencies, law enforcement, and the DCF HART human trafficking team to align policies, practices and program development. Finally, Multicultural Affairs coordinates the Department's response and interventions with regard to disproportionate representation and disparate outcomes for children, youth and families of color involved with the child welfare and juvenile justice systems.

### **Connecticut Juvenile Training School (CJTS)**

CJTS received re-accreditation from the American Correctional Association after a three-day audit in May 2012. CJTS achieved a score of 100% compliance with the mandatory standards

and 99.3% for the non-mandatory standards. This represents a significant accomplishment for a re-accreditation period and is a higher score than our initial accreditation. CJTS continues to incorporate national best practice standards into its operation to achieve more positive outcomes for youth in our care.

Youth who have graduated from high school are involved in a Graduate Work Program within CJTS. This program includes working with skilled craftsmen in painting, plumbing, electrical, housekeeping, and food service. Graduates also can take on-line college classes for both credit and non-credit degree programs. Several new programs have begun to prepare these young men for successful community re-entry. One of these programs provides on-site driver's education classroom work through a local business.

New clinical groups are being incorporated into the CJTS clinical offerings, including groups that emphasize victim empathy and trauma-informed treatment. Also Dialectical Behavior Therapy is being expanded to all youth so they have the basic skills to problem solve and examine their behavior.

### **Quality Improvement**

The Department's Quality Improvement System is comprised of the Office for Research and Evaluation (ORE), Administrative Case Review Division (ACR), Program Evaluation and Development Division and the Ombudsman's Office. Together, these divisions provide quantitative and qualitative data on the performance of the Department and its service providers and make recommendations for practice improvement.

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);
- Risk Management data on critical incidents and significant events experienced by children and youth in DCF care and custody.

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 Careline 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 successfully partners with and coordinates aspects of investigations across multiple DCF divisions including human resources, the area offices, parole services, licensing, the Office of Foster and Adoption Services, as well as state and local police, hospitals, and multidisciplinary teams. The SIU conducted 672 investigations in calendar year 2011

## **Unified School District #2 Schools**

Unified School District #2 serves students at the Albert J. Solnit Children's Center in East Windsor (North Campus) and Middletown (South Campus), and the Connecticut Juvenile Training School in Middletown. In addition, the District promotes the educational interests of children in foster care throughout the state and oversees the placement of special needs youngsters in residential care in Connecticut and out of state.

USD #2 education consultants continued to support DCF regional personnel on school related matters. During the past year, these efforts were supplemented with the deployment of additional education specialists to each of DCF's six regional offices. These individuals are certified special education teachers who were re-assigned from their previous positions in USD #2 schools. These professionals supported regional DCF personnel in their communications with school officials and in such important areas as the interpretation of achievement data, the promotion of educational stability, the role of surrogate parents, the application of school law, and the development of educational plans for each child under the Department's care.

During the past year, USD #2 provided training in Positive Behavioral Interventions and Support (PBIS) to all of its faculty members. PBIS is an approach to student management that has been associated with the reduction of disciplinary problems and the improvement in the climate for learning in several Connecticut schools.

Each of the three schools that are operated directly by USD #2 achieved successes this past year. The Riverview School, located at the Solnit Center South Campus, received recognition as one of the top performing schools in the Governor's Summer Reading Challenge for 2011. In addition, Daniel Murphy, a physical education/health education teacher, was recognized as the USD #2 Teacher of the Year.

At the Solnit Center North Campus, a special reading curriculum was implemented in partnership with the Learning How organization. In addition, the school increased its focus on the analysis and use of data in making instructional decisions.

At the Walter Cady School at the Connecticut Juvenile Training School, 14 students received high school diplomas in 2011 and 13 students received high school diplomas in 2012. The Cady

School also expanded post-secondary connections with Central Connecticut State University, Wesleyan University and Middlesex Community College.

## **Fiscal Services Division**

The Fiscal Services Division oversees several units responsible for providing essential administrative support services necessary to achieve the Department mission. It is responsible for safeguarding state resources while procuring goods and services and maximizing federal reimbursements. 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-run facilities 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 Unit** 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 unit 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 general fund annually.

The **Engineering Division** is responsible for overseeing the maintenance and renovation of the two DCF facilities and all new construction in cooperation with the Department of Public Works. 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 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 the Department's LINK automated case management system and all other automated and data collection systems. The unit supports all of the software and hardware needs of

approximately 3,200 users statewide. The unit also is responsible for landline and cell phone telecommunications.

## **Division of Human Resources**

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

The **Labor Relations Unit** is responsible for collective bargaining, discipline administration and investigation. It 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, the two state-run facilities and the Wilderness School. Employment specialists execute the HR function for each office they are assigned to, including filling job vacancies, managing employees on leave, serving as the liaison between the Family and Medical Leave Act Unit and employees, and consulting with the area office management team on a variety of HR 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.

The **CORE Unit** is responsible for the management of all positions at DCF, including refills, establishments, reclassifications, and inactivation. It also is responsible for auditing and processing all HR transactions for Core-CT, the State's integrated statewide HR and payroll system.

The **Family and Medical Leave Act (FMLA) Business Unit** administers the centralized processing of FMLA requests by employees. This provides for a consistent practice and correct application of state and federal FMLA law.

## **DEPARTMENT WEBSITES AND SOCIAL MEDIA**

The Department offers the public information through three separate websites and two social media outlets.

- [www.ct.gov/DCF](http://www.ct.gov/DCF) offers information about the Department, including policies, news, reports and articles relating how the Department works with children and families. This site was accessed by almost 250,000 unique visitors in more than 700,000 visits.
- [www.ctfosteradopt.com](http://www.ctfosteradopt.com) offers information about foster care and adoption, including licensing information. This site was accessed by more than 60,000 visitors in more than 86,000 visits.
- [www.ctparenting.com](http://www.ctparenting.com) offers information for families about child health, safety, education and other topics related to raising children and was accessed by more than 31,000 visitors in more than 36,000 visits.

- DCF's Facebook and Twitter pages connect more than 5,000 "Friends," "Likes" and "Followers" to the parent and family education information found on [ctparenting.com](http://ctparenting.com).