



**The Connecticut Department
of Children and Families**

**Presentation to the Human Services Committee
Agency Briefing**

January 29, 2009





OUR PRESENTATION

Order of Presenters

- Susan Hamilton, Commissioner
- Prevention-Rudy Brooks, Bureau Chief
- Child Protection-Stacey Gerber, Bureau Chief
- Behavioral Health-Dr. Bert Plant, Director
- Juvenile Services-Leo Arnone, Bureau Chief





■ AGENCY MISSION

The mission of the Connecticut Department of Children and Families is to protect children, improve child and family well being and support and preserve families. These efforts are accomplished by respecting and working within individual cultures and communities in Connecticut, and in partnership with others.





AGENCY'S FOUR STATUTORY MANDATES

■ **Behavioral Health Services:**

The Department operates Riverview Hospital for Children and Youth, High Meadows Residential Treatment Center, and the Connecticut Children's Place. Through Connecticut Community KidCare, the Department also provides funding for a broad array of clinical and other services in the community, including outpatient clinics for children, therapeutic group homes, extended day treatment programs, emergency mobile psychiatric services, respite care, family advocacy, intensive case management and much more.





Child Welfare Services:

DCF's child welfare mandate requires the Department to investigate all accepted reports of alleged child maltreatment and to provide services to all children found to be in such a condition. DCF operates a 24 hour Hotline to receive calls from people with questions, concerns, and reports of child abuse and neglect. The Hotline also provides evening, weekend, and holiday investigation responses to immediate situations concerning abuse and neglect of children. In addition, the Department is responsible for foster care services which provide a family environment for children who are temporarily unable to live in their biological homes. Together with other services provided to foster parents, families and children, DCF aims to facilitate the reunification of children with their families or establish another permanent family for the children when an out-of-home placement is necessary.





■ **Juvenile Services:**

Juvenile services seek to develop competency, accountability, and responsibility in all programs and services through the Balanced and Restorative Justice model (BARJ) – with the ultimate goal of each child achieving success in the community. Juvenile services offer programming through community-based services, private residential treatment, and state-operated facilities. Juvenile services collaborate with community providers, public and private agencies, families and educational agencies to individualize the treatment for each child based on the child's strengths, culture and ethnicity, and gender, while maintaining community safety.





■ Prevention:

DCF's prevention mandate is to promote a range of services that enable children and families to thrive independently in their communities and to apply evidence-based or best practice prevention approaches at strategic points in the DCF continuum of care. This work aims to ensure a smooth, timely and sustained transition for children, youth and families from DCF involvement to a state of independence and well being or to prevent DCF involvement altogether.





DCF ON A GIVEN DAY....

- Often, DCF staff are asked about a typical day at the agency:
- Reports of abuse/neglect received 115-120
- Permanent homes found 2.3
- Children served Approx. 32,000
- Families served Approx. 16,000
- Children in Placement Approx. 5,500





Children in Placement—Where are they?

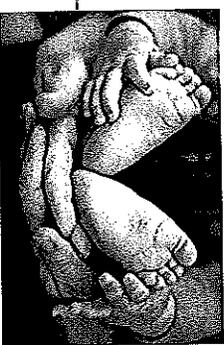
10/1/08--
DCF FACILITIES 174
FAMILY FOSTER CARE 2,679
GROUP HOME 428
INDEPENDENT LIVING 130
MEDICAL OR HOSPITAL 32
SAFE HOME ASSESSMENT CENTERS 151
RELATIVE CARE 915
RESIDENTIAL TREATMENT CENTERS 701
STAR ASSESSMENT CENTERS 76
SPECIAL STUDY--FAMILY SETTINGS 280
TOTAL 5,566
Total Out of State: 341 (10/1/08)





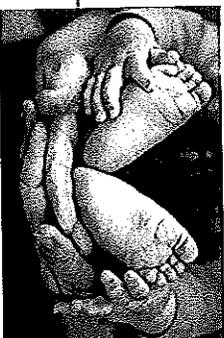
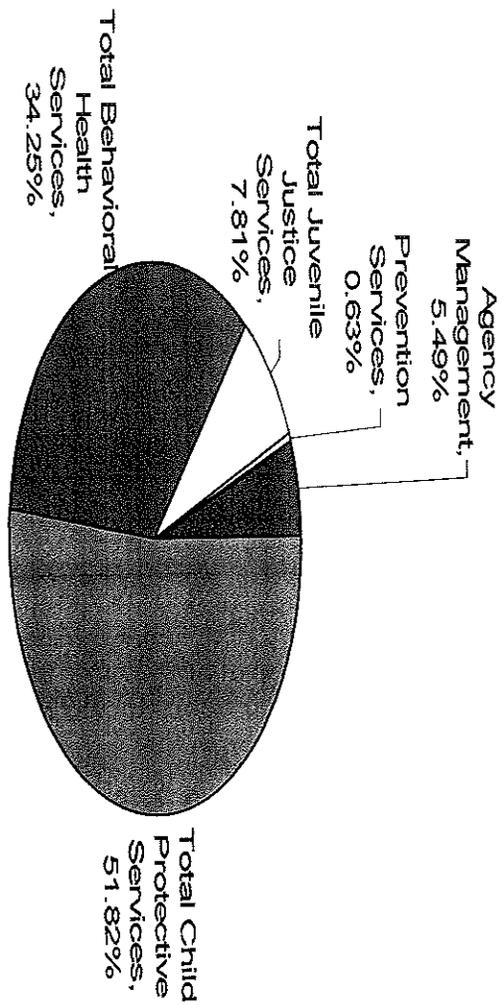
DCF AT A GLANCE

- Average number of full time employees: 3,477
- Recurring Operational Expenses: FY08 \$838,837,437
- 14 Area Offices located throughout the state
- There are over 100 types of services DCF utilizes to assist children and their families.
- Contracted Services in FY08 totaling over \$200 Million and an additional over \$100 Million in Fee- For-Service program spending for a total in excess of \$300 Million.
- An additional nearly \$195 Million is spent through DCF's Board and Care Accounts for Adoption and Foster Care subsidy payments, no nexus education costs, and Individualized Service spending for a total of nearly \$500 Million in purchased services.
- There were 153 contracts entered in SFY 08.





BUDGET PIE CHART





KEY INVESTMENT AREAS

Over time, state appropriations committed to the work at the Department have grown significantly. Since FY 2004 there has been a 38% increase in DCF's budget growing from 607,484,396 to its current budget of 838,763,524 in FY08. These increases have primarily supported the following:

- 1) Increases in Personnel Services spending were largely driven by the hiring of social workers so that caseloads can be reduced--a prerequisite to improving practice and outcomes. Caseloads have been reduced from 40-60 to 15-20 per worker in just a few years.
- 2) Increases in behavioral health spending helped build an important community based system of care, most notably in-home services which have allowed DCF to dramatically reduce its entry into care rate and expand access to behavioral health services.
- 3) Flex Fund spending has increased, and this has allowed for services to be far more individualized and immediate--an important departure from the categorical approach historically taken with families. Spending in this area has been linked to improving permanency, placement stability, and treatment outcomes. Most recently, the CFSR noted this as a system's strength in CT and was cited in several cases as having made a real difference for children and families.
- 4) Therapeutic Group Homes are a community-based congregate setting and have served as a key alternative to individuals that would otherwise be placed in large institutional settings. Since developing these group homes, our placement in out-of-state residential facilities has dropped from over 500 to less than 335 in 3 years. Even more important, the use of residential settings is down nearly 40% in 4 years due to this and other reform efforts.
- 5) Major investments have been made in the use of evidence-based and promising practices in the areas of child welfare, mental health, substance abuse treatment and family support.





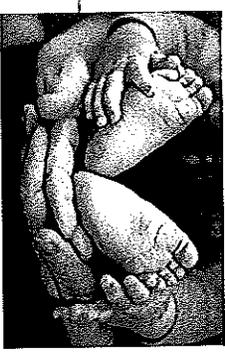
MANDATE HIGHLIGHTS

PREVENTION—HOW PREVENTION HELPS

CHILD PROTECTION—LIFE OF A CASE

BEHAVIORAL HEALTH—BUILDING A
COMMUNITY BASED SYSTEM OF CARE

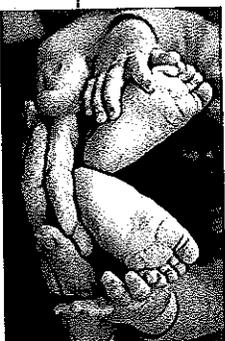
JUVENILE SERVICES—A RESTORATIVE
APPROACH





Juan F. History

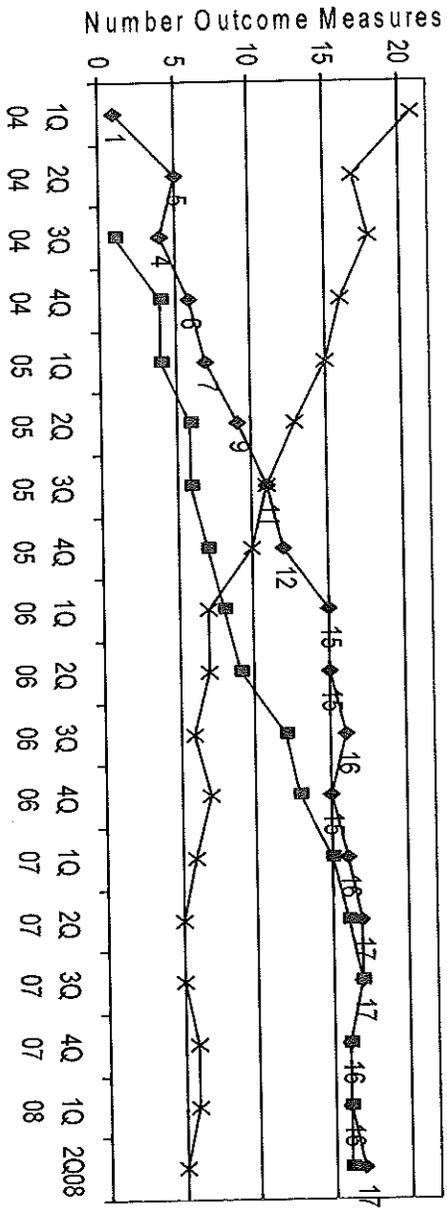
- In 1991 the State of Connecticut entered into a Consent Decree with lawyers representing children in the *Juan F. Class*.
- Agreement stayed in effect until 2002 when parties established an initial plan to achieve exit from Federal Court jurisdiction.
- In the Fall of 2003 all parties agreed that a new Exit Plan was needed, and an active negotiation process led to the existing 22 Exit Outcome Measures.
- On May 5, 2008, the plaintiffs in the *Juan F.* case forwarded notification and assertion of non-compliance with Outcome Measure 3 (Treatment Plans) and Outcome Measure 15 (Meeting Children's Needs). A series of negotiations between the parties resulted in an agreement being reached in July 2008. The Stipulation Regarding Outcome Measures 3 and 15 was approved and made an order of the Court on July 17, 2008
- In the most recent report from the Court, DCF met 17 of the 22 outcomes outright and three outcomes came within 8.2 percentage points or less of meeting the goal. Of the 17 outcomes met outright, 14 outcomes have been met for eight or more consecutive quarters demonstrating the Department's ability to sustain its performance.



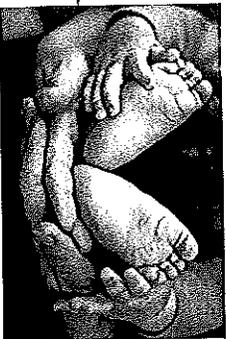


Summary of Performance

Figure VI-1. Juan F. Exit Plan Compliance Progress



◆ # in compliance
 ■ # in 2+ Qs
 × # not in



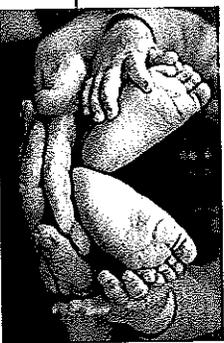


RECENT ACCOMPLISHMENTS--MEASURING OUR PROGRESS

Exit Plan Successes--The Department is achieving or nearly achieving 20 of the 22 performance measures established in the plan to end federal court jurisdiction. For eight consecutive quarters the Department has met outright 16 or 17 of the measures, and fourteen of the goals have been met consecutively during the same two-year period. This consistent quality of work has brought the Department to a final phase where it is addressing the two remaining unmet outcomes.

Fewer Children In State Care, More Intact Families Served--The number of children in care as the result of abuse or neglect has declined by 1,064 children or 16.7 percent since January 2004 and by 1,724 children or 24.6 percent since January 2000. This reflects a number of positive developments including a reduction in the number of children entering care and an accompanying increase in the number of families served with their children at home. Whereas 2,930 children entered care in 2002, the three-year average for 2005 through 2007 was 2,515.7, and the total for 2007 was 2,137. In-home cases have increased 41 percent from July 2002 when there were 2,849 in-home cases to September 2008 when there were 4,010 in-home cases.

More Out-of-Home Children in Family-Based Care--Another important trend is that family care is growing as measured by the percentage of children first entering care being placed into a foster home, relative home or special study home. Whereas 57 percent of children first entering care were placed in a family setting in 2002, this has grown to 72 percent in both 2006 and 2007.

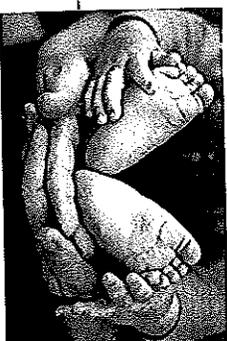




■ **Meeting Goals For Timely Permanency**--Over the past eight quarters, all three measures of timely permanency, which include adoption, subsidized guardianship, and reunification, have met the goal in 20 of the 25 possible occasions. Timely adoptions, which represented just 10.7 percent of all adoptions in the first quarter of the Exit Plan, has been at or over 33 percent in each of the last seven quarters.

■ **More Permanent Homes**--During state fiscal years 1997 to 2005, an average of 615 permanent homes (both adoptions and subsidized guardianships) were found annually for children in foster care -- more than four times the number in 1996. In FY2008, 634 adoptions were finalized and 234 subsidized guardianships granted for a total of 868 new permanent homes.

■ **Provide Better Interventions To Assure Lower Levels of Repeat Victimization**--A critical indicator of the quality of services is the measure of children suffering repeat maltreatment (abuse or neglect). The percent of children who are victims of repeat maltreatment has fallen from 9.4% in the 3rd quarter of 2004 to 5.9 % in the 2nd quarter of 2008. The Department met the Exit Plan goal in the last five quarters and kept repeat maltreatment below 6 percent in the last three quarters.





Reducing Reliance on Residential Care--The movement away from congregate settings for children in care is one that has been underway since the inception of the Exit Plan in 2004. The outcome measure for reducing reliance on residential care reached its best levels in the final two quarters of FY2008 and has met the goal for nine consecutive quarters. As of September, 2008, the number of children in residential care has declined by 340 children or more than 38 percent since April 2004. The number of children in residential care, 549 as of September, 2008, is at its lowest level on record. There are 160 fewer children (32.6%) in an out of state residential program: 491 in September 2004 compared to 331 in September 2008. Of those out-of-state, 74% are in New England.

In Home and Community Based Services--The reduction in children in residential care overall is attributable to a number of factors. One clear improvement is that Connecticut now has the capacity to serve nearly 2,300 children a year in intensive home-based programs, which largely did not exist only a few years ago. Community based behavioral health funding totaled \$69 Million in SFY 08 or more than double the amount spent in SFY 02 (\$32 M).

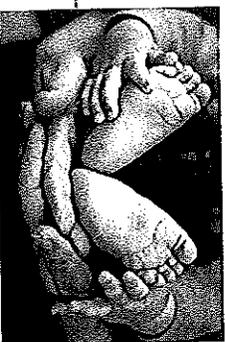
Therapeutic Group Homes--Another key initiative has been the development of new therapeutic group homes. These group homes provide intensive clinical services and allow children who would otherwise need a more institutional treatment setting to live in a home-like environment and attend school in the community. Since 2005, DCF has established 54 therapeutic group homes with a capacity to serve 273 children and adolescents. This initiative has been instrumental in enabling children to reside in home-like community based settings.





Post Secondary Education and Skill Building--In the 2007-2000 academic year, DCF provided financial assistance to 671 youth for their participation (full or part time) in post secondary education, including technical school, two or four-year college, and graduate school. That represents an increase of nearly 10 percent compared to the previous year. DCF continues its support until the youth reaches age 23. In FY 2008, over 1,036 service slots teaching independent and transitional living skills were offered to youths preparing to transition to adulthood. In particular, the Department provided 507 service slots to youth participating in the independent living and transitional programs.

Juvenile Services Reforms--A variety of new community-based services have been developed between 2005 through 2008 through the Emily J. Settlement Agreement, and expanded Parole treatment services. Services include: gender-specific therapeutic group homes, specialized treatment foster care, in-home family therapy, increased flexible funding, and STEP school re-entry services have been established for delinquent girls and boys returning to their communities in Hartford, New Haven and Bridgeport. In addition, the Department is actively planning for and developing the services needed for the additional youth it will be getting when the jurisdictional age for juvenile court raises to age 18 effective 1/1/10. These services include community-based services, residential and group home settings and an 18 bed, short term secure facility for girls. All of the programs will be made gender-specific and informed programming.





Results We Are Seeking

We are successful when we...

- ❖ **Reduce and Prevent the Need for DCF Services**
- ❖ **Assure Children Remain Safely at Home**
- ❖ **Achieve More Timely Permanency**
- ❖ **Improve Child Well-Being**
- ❖ **Transition Youth Better Prepared for Adulthood**

