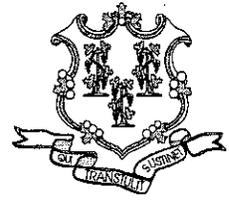




**STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES**



**Testimony of
Commissioner Joette Katz
Appropriations Committee
February 22, 2013**

Good morning Senator Harp, Representative Walker, and distinguished members of the Appropriations Committee. My name is Joette Katz and I am the Commissioner of the Department of Children and Families. With me today are various members of the Department who are here to assist me in answering questions that members of the committee may have today.

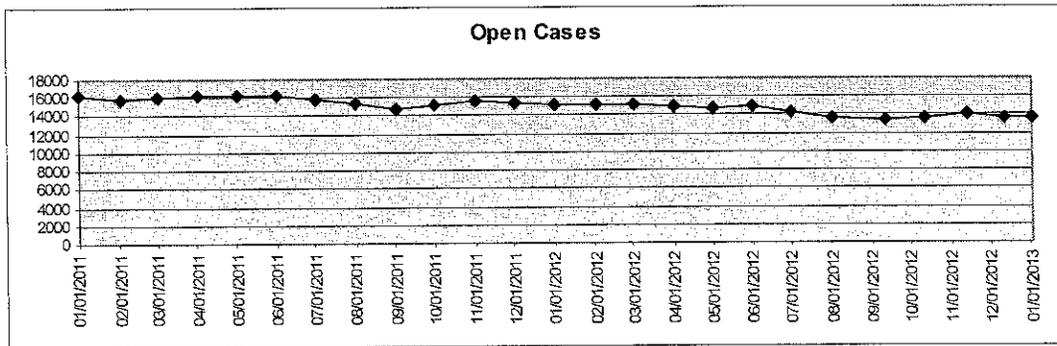
Thank you for the opportunity to speak with you today regarding the Governor's proposed budget for fiscal years 2014 and 2015. The biennium budget process has given the Department the opportunity to assess the agency's performance during the two years since my appointment and set expectations for further progress to be achieved during the next two years.

At the beginning of my term I set forth several goals to improve services to our children and families so as to achieve better outcomes. I am proud to say that the Department has made great progress and would like to update you on our efforts in these areas.

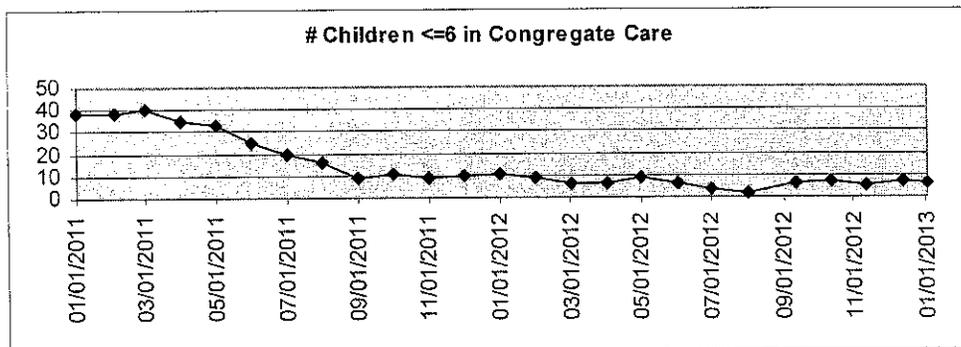
Our first major initiative was implementation of the principals of the Strengthening Families Practice Model. This model is one of greater family support and involvement through practices such as family engagement, purposeful visits, family centered assessments, and child and family teaming - enabling families to take control and responsibility of their own treatment and their own lives. The Department has trained over 2,000 agency staff in this approach, with statewide implementation beginning earlier this year.

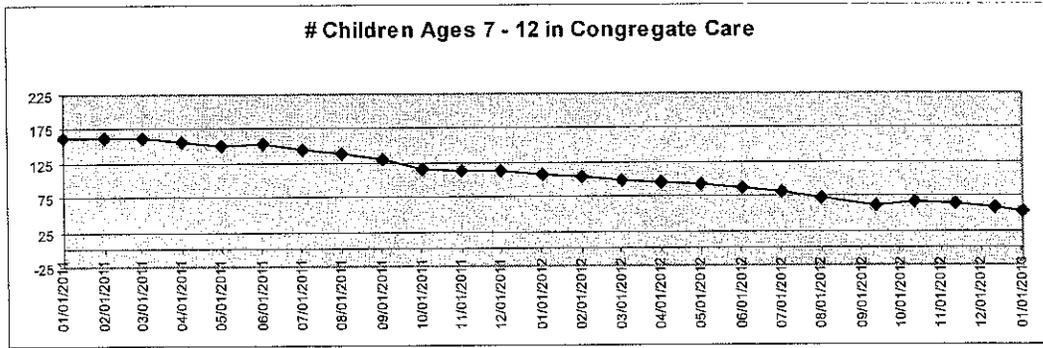
As part of the Strengthening Families Model, the Department launched the use of the Differential Response System (DRS), a component of the Strengthening Families Practice Model. DCF had

been working towards this goal for several years and began implementation on March 5, 2012. DRS has given the Department the ability to treat reports differently based on the level of risk. Implementation studies indicate lower rates of removals and repeat maltreatment and greater family satisfaction, with no decrease in safety. Families are classified in a dual-track system that allows DCF to respond and provide assistance with the prevalent issues of neglect and poverty in a less adversarial manner. This gives families the assistance they need and meets the greater goal of keeping kids in their homes with their families. Since implementation of the DRS model, the Department's caseload has been reduced by 9%.

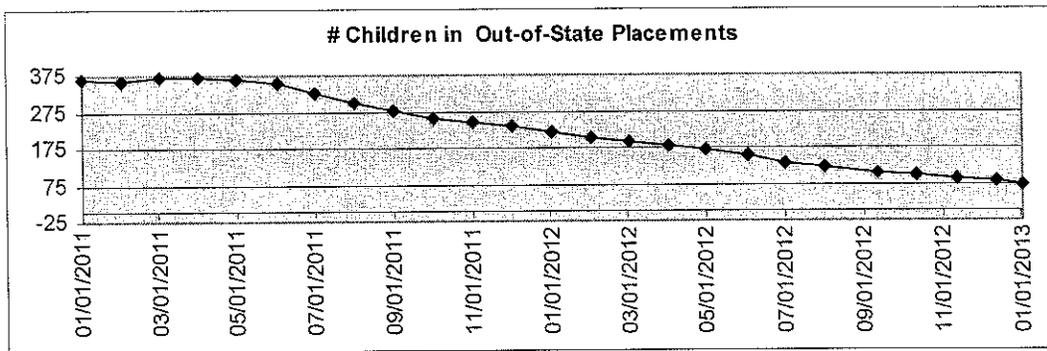


The Department has made great progress in reducing the use of congregate care settings for children under the age of 12. The use of congregate care should only be reserved for treatment, not as a general placement. Additionally our youngest children should be placed in family settings whenever possible. The percentage of children in congregate care on January 1, 2013 declined to 23.5%, compared to 29.8% of all children in care in January 2011. The number of children under the age of 6 in congregate settings in January 2011 was 38. In January 2013 the number was 6. Similarly, the number of children ages 12 and under was 201 in January 2011 and had declined to 60 in January 2013.





The Department has made its greatest progress in the use of out-of-state residential treatment placements. In January 2011, 364 children were in out-of-state placements and in January 2013 this number had been reduced to only 70 children, an 81% decrease. Children being served in-state have lengths of stay that are less than half of those of children in out-of-state placements. While in in-state placements, families are allowed to be engaged in the child's treatment and are given the tools and support they need to bring their child back home.



These results have been achieved by providing community-based service options in place of congregate care and when a congregate placement is required, these options allow children to return to a family setting more quickly.

The changes in DCF's service approach are important to the budget process because it has allowed the Department to save millions of dollars while maintaining service quality.

Although we have made great progress, we feel there are further improvements to be made and many more opportunities to support the children and families that we serve. To that end, the Department will be implementing new initiatives that will continue to move forward the family centered approach along with trauma informed practices, application of neuroscience,

development of community partnerships, while working towards achieving all the Juan F. Exit Plan outcomes.

I would like to take this occasion to address some of the major proposed changes to the Department of Children and Families' budget for 2014 and 2015. Although we have sustained reductions, we feel certain that these proposed funding adjustments will not impact our ability to maintain the exceptional results we have accomplished during the past two years or to meet the Exit Plan outcomes. The Department, the Office of Policy and Management and the Governor's Office worked cooperatively throughout the budget process to identify areas where the agency could sustain reductions without negatively impacting safety due to the success of many of our initiatives that has resulted in a reduced caseload. Additionally, we have worked collaboratively to identify opportunities to bring additional revenue to the State of Connecticut.

The largest reduction in our budget is attributed to an elimination or reduction of inflationary increases in several areas, including the Residential, Adoption and Foster Care Board and Care accounts and our grant funded accounts. This reduction is \$8.3 million in FY 2014 and \$14.6 million in FY 2015.

Approximately \$4 million in savings are proposed in the area of Group Homes. As a result of the Department's initiative to reduce placement in congregate care settings, an excess capacity in this grant-funded service type is being experienced.

The Department has reviewed its current practices to search for opportunities to become a more efficient operation overall, identifying areas of savings in service delivery, and general management of resources. This effort included assessing the available service array to develop a plan to ensure utilization of efficiently delivered services, the right sizing of programs, and oversight and system development to ensure that the services being delivered are of high quality and produce good outcomes for children and families. The Department has also put in place a system of continuous analysis of use of the State's resources that will allow us to reduce unnecessary expenditures. This was part of the Department's FY 2013 Deficit Mitigation Plan, and will result in a savings of \$3.9 million in both FY 2014 and FY 2015.

As part of the Department's self assessment, we have also identified ways to partner with other state agencies to provide services in a more efficient and effective manner. The budget proposes two cost savings initiatives in partnership with DMHAS and DDS that will allow for more efficient delivery of services while still providing a high quality of service. In FY 2014 this will lead to savings of \$560,642, and \$831,710 in FY 2015.

The proposed budget reflects \$2.1 million in savings from annualizing the FY 2013 rescissions in areas where there is a reduced need for spending. Additionally, 30 vacant social work positions are proposed to be eliminated, resulting in savings of \$2 million in both FY 2014 and FY 2015. Both of these reductions are able to be sustained without resulting in diminished services to our families due to the overall caseload reduction we have achieved.

Finally, support of a community program is recommended to be discontinued, in the amount of \$250,414.

As mentioned above, as part of the Department's analysis of operations to improve efficiencies, revenue generating activities were identified. Our goal is to ensure that the State is maximizing its ability to receive federal revenue for services it is already committed to providing. The proposed budget reflects our efforts to make administrative and statutory changes that will allow us to seek significant additional federal reimbursement. We are also putting forth a higher level of effort in seeking new federal grant opportunities and private sector funding, including social impact bonds. This will give the Department more flexibility in program development and expand our service array with more innovative program models.

The Department has made great strides in its goal to improve services to children and families in the State of Connecticut. We have been very fortunate to be allowed the opportunity to implement state of the art practices. We continue to see many opportunities for improvement and to continue on the same path. I look forward to working with each of you in the coming weeks and months to further our mutual goals of providing quality services to children in both an efficient and effective manner.

Thank you again for the chance to speak about the DCF budget. My staff and I welcome the opportunity to address your questions both today and when we meet in subcommittee.

SID	Service	Gov'n Recommended Before SID Consolidations	Amounts Transferred Out	Moved To	Amounts Transferred In	Moved From	Net SFY 14 Gov'n Recommended
EMERGENCY NEEDS							
		\$ 1,500,000	\$ 1,500,000	16140	\$ -		\$ -
12515	DIFFERENTIAL RESPONSE SYSTEM	\$ 9,111,250	\$ 749,864	16140	\$ -		\$ 8,346,386
12515	Wrap		\$ 15,000	16141			
12515	Performance Improvement Center		\$ 764,864				
	Total 12515		\$ 764,864				
HEALTH ASSESSMENT AND CONSULTATION							
		\$ 976,252	\$ 976,252	16126	\$ -		\$ (0)
GRANTS FOR PSYCHIATRIC CLINICS FOR CHILDREN							
16024	Sexual Abuse Evaluation	\$ 14,261,295	\$ 607,108	16064	\$ -		\$ -
16024	EMPS		\$ 1,716,275	16141			
16024	Outpatient Psychiatric Clinic		\$ 11,901,375	16141			
16024	TBD		\$ 36,537	16141			
	Total 16024		\$ 14,261,295				
DAY TREATMENT CENTERS FOR CHILDREN							
		\$ 5,550,639	\$ 5,550,639	16141	\$ -		\$ 0
16043	JUVENILE JUSTICE OUTREACH SERVICES	\$ 12,806,199					\$ 12,841,172
16043	PSB MST		\$ 282,800	16141			
	CJTS Comm Reentry Pilot Project				\$ 207,629	10020	
	Juvenile Review Board				\$ 9,235	16092	
	JOTLAB				\$ 100,909	16141	
	Total 16024		\$ 282,800		\$ 317,773		
16064	CHILD ABUSE AND NEGLECT INTERVENTION	\$ 5,162,470					\$ 8,250,045
16064	Parent Aide		\$ 76,320	16102			
16064	Project Safe Pilot - Middletown		\$ 140,926	16116			
CHILD ABUSE EVALUATION							
	Family Enrichment Services				\$ 802,716	16092	
	Reconnecting Families				\$ 896,167	16120	
	Child Abuse Evaluation				\$ 306,000	16141	
	Therapeutic Child Care				\$ 56,061	16140	

SID	Service	Gov'n Recommended Before SID Consolidations	Amounts Transferred Out	Moved To	Amounts Transferred In	Moved From	Net SFY 14 Gov'n Recommended
16092	Sexual Abuse Evaluation						
	Child Sex Abuse Clinic						
	Multidisciplinary Team						
	Multidisciplinary Team (CAC)						
	Total 16064		\$ 217,246		\$ 3,304,821		
16092	COMMUNITY BASED PREVENTION PROGRAMS	\$ 4,650,264					\$ 6,945,515
16092	Family Enrichment Services		\$ 802,716	16064			
16092	Behavioral Health Data System		\$ 40,000	16141			
16092	Juvenile Review Board		\$ 9,235	16043			
16092	Pharmacy Consulting		\$ 39,750	16126			
	Total 16092		\$ 891,701		\$ 3,186,952		
	Positive Youth Development				\$ 27,006	16120	
	Spanish Speaking Parenting Class				\$ 53,374	16140	
	PACE				\$ 34,072	16140	
	Total 16092		\$ 891,701		\$ 3,186,952		
	FAMILY VIOLENCE OUTREACH AND COUNSELING	\$ 1,703,188	\$ 1,703,053	16102			\$
16102	SUPPORT FOR RECOVERING FAMILIES	\$ 16,658,188					\$ 17,215,747
16102	Family Based Recovery		\$ 1,410,962	16116			
	Parent Aide				\$ 76,320	16064	
	Integrated Family Violence		\$ 1,410,962		\$ 189,148	16140	
	Total 16102		\$ 1,410,962		\$ 1,968,521		
	WOMEN'S SERVICES	\$ 5,041,071	\$ 5,041,071	16126			\$
	FAMILY RECOVERY SERVICES	\$ 5,358,193	\$ 5,358,193	16120			\$
16116	SUBSTANCE ABUSE TREATMENT	\$ 4,263,855					\$ 9,491,729
	SUBSTANCE ABUSE SCREENING				\$ 4,875,177	12294	
					\$ 81,280	12594	

SID	Service	Gov'n Recommended Before SID Consolidations	Amounts Transferred Out	Moved To	Amounts Transferred In	Moved From	Net SFY 14 Gov'n Recommended
16120	CHILD WELFARE SUPPORT SERVICES	\$ 3,090,836	\$ 27,005	16092			\$ 8,237,150
16120	Positive Youth Development		\$ 896,167	16064			
16120	Reconnecting Families						
	One on One Mentoring						
	Family Based Recovery Services						
	Work to Learn						
	Intensive Family Preservation		\$ 923,172		\$ 279,519	16140	
	Total 16120	\$ 91,065,504	\$ 923,172	16126	\$ 6,069,486		\$
16135	BOARD & CARE FOR CHILDREN - ADOPTION	\$ 112,722,805					\$
16135	BOARD & CARE FOR CHILDREN - FOSTER		\$ 1,517,680	16141			
16135	Case Management		\$ 300,000	16064			
16135	Physical and Sexual Abuse Evaluation		\$ 393,900	16120			
16135	Work to Learn		\$ 110,511,225	16126			
16135	Respite of Adoption		\$ 112,722,805				
	Total 16135	\$ 141,223,999			\$ 7,790,067		\$ 17,816,271
16136	BOARD & CARE FOR CHILDREN - RESIDENTIAL		\$ 1,007,819	16116			
16136	Family Based Recovery		\$ 76,000	16141			
16136	MST		\$ 114,000	16141			
16136	MST RFP O & A						
	SHORT TERM RESIDENTIAL TREATMENT						
	TRAVEL COSTS						
	NONEMERGENCY EDUCATION						

SID	Service	Gov'n Recommended Before SID Consolidations	Amounts Transferred Out	Moved To	Amounts Transferred In	Moved From	Net SFY 14 Gov'n Recommended
16140	INDIVIDUALIZED FAMILY SUPPORTS	\$ 11,842,053					\$ 12,175,293
16140	Therapeutic Child Care	\$	56,061	16064			
16140	Sexual Abuse Evaluation	\$	144,558	16064			
16140	Child Sex Abuse Clinic	\$	22,425	16064			
16140	Multidisciplinary Team	\$	41,486	16064			
16140	Multidisciplinary Team (CAC)	\$	434,300	16064			
16140	Spanish Speaking Parenting Class	\$	53,374	16092			
16140	PACE	\$	34,072	16092			
16140	Integrated Family Violence	\$	189,148	16102			
16140	Intensive Family Preservation	\$	279,519	16120			
16140	Extended Day Treatment	\$	16,819	16141			
16140	ILCAPS Consultation & Evaluation	\$	112,120	16141			
16140	MDFT	\$	230,014	16141			
16140	Outpatient Psychiatric Clinic	\$	82,018	16141			
16140	TBD - MST	\$	113,538	16141			
16140	Queen Esther	\$	107,172	16126			
URGENT NEEDS		\$			\$ 1,560,000	12,835	
Wrap		\$	1,916,624		\$ 749,864	12515	
Total 16140		\$			\$ 2,249,864		
16141	COMMUNITY KIDCARE	\$	100,909	16043			\$ 53,469,807
16141	JOTLAB	\$	222,168	16116			
16141	Family Based Recovery	\$	681,568	16116			
16141	Project Safe Pilot - Metro New Haven	\$	127,978	16116			
16141	Project Safe Pilot - New Britain	\$					
URGENT NEEDS		\$			\$ 703,488	12,245	
EMERGENCY CENTER		\$			\$ 222,500	12,994	
Emergency Day Treatment		\$			\$ 101,767	12,504	
Mental Special Reevaluation		\$			\$ 5,820,184	12,504	
MST - QSA		\$			\$ 258,960	12,004	
PAC		\$			\$ 924,000	12,914	

