My name is Susan Reilly and I am a Senior Director from Casey Family Programs. Based in Seattle, Washington, Casey Family Programs is the largest operating foundation in the United States focused exclusively on child welfare. I am pleased to be here today, and I am encouraged that you are bringing your thoughtful attention to issues related to child welfare and the operations and outcomes of the CT Department of Children and Families. I am happy to provide the Committee with a national perspective and to offer observations based on our work and experience.

I would like to share information in two key areas: child welfare consent decrees and the role of continuous quality improvement in improving outcomes for children and families.

To set a context, a recent Casey survey shows that 23 jurisdictions have had lawsuits filed against their child welfare agencies. Numerous jurisdictions have had multiple lawsuits filed against them. A few were completely dismissed, a few are still in process, and a few have exited from their settlement. Currently fifteen jurisdictions – including Connecticut – are operating under consent decrees (also known as settlement agreements). Again, by way of national context, the state of Illinois is currently operating its child welfare system under more than ten consent decrees.

Child welfare reform litigation has been described as a marathon and not a sprint. The first decision related to a lawsuit is whether to litigate or settle. Considerations include: the cost of litigation versus using those funds for services; the cost of implementing a settlement agreement; and the possible benefits to be gained versus the unintended negative consequences. Experts at a recent meeting sponsored by Casey estimated that about two thirds
of the expenditures related to implementing consent decrees were going directly to plaintiff fees rather than to investments in services for families.

As already noted, most jurisdictions have entered into a settlement agreement.

Marsha Lowrey, formerly the Executive Director of Children’s Rights, has described a set of challenges in consent decrees:

All too often, the settlement is negotiated by representatives of the state who either:

- Have little knowledge about how the system actually operates and, thus, lack knowledge about how much work it takes to change it; or
- Are working within a state bureaucratic structure where the child welfare agency is a sub agency of a larger human services bureaucracy without the necessary flexibility to realign or control personnel or budget; or
- Will agree to anything that sounds good as a way to end the lawsuit quickly without really thinking through what is necessary to implement the reform measures they agreed to or the time it will take to plan and implement those measures; or
- A combination of all of the above.¹

As a result, many consent decrees are focused on process measures instead of outcome measures. The danger in this is that it leads to a focus on compliance – checking off the frequency of activities or services - rather than a focus on the quality or effectiveness of those activities and services. We need to guard against completing activities as an objective, and more on completing effective activities and services that are tied to outcomes.

Likewise, a strategic approach to exiting the consent decree is often not built into the initial settlement. As a result, we have seen that targets may continue to move out of reach and the

scope of agreements may continue to expand. The exit plan can become a moving target rather than focusing on the original vision of how the system should change.

Participants at our recent meeting noted that the best opportunity to return to the original intent of the consent decree is during the renegotiation of the outcome measures. They advise that agencies should choose the time to renegotiate wisely and use the progress that they have made as leverage with the plaintiffs. During renegotiation, leaders should work with their internal data experts to review every measure in the consent decree and develop a proposal for each measure based on their data. The data experts should be asking questions about each measure and negotiating it to a reasonable and obtainable metric.

I’d like to share the insights of Page Walley, a managing director at Casey, a former legislator in a jurisdiction operating under a consent decree, and a former Child Welfare Commissioner in a separate jurisdiction that successfully exited from a consent decree. Dr. Walley makes the following analogy:

Too often, the recommendation for children and families [involved in child welfare] to have counseling or therapy with no or poorly identified referral issues, treatment goals, expected outcomes and re-assessment intervals is viewed as a panacea. Unfortunately, counseling can become a life sentence, with nobody knowing when there has been optimal goal attainment and with unnecessary diagnoses carried into perpetuity. … This can be the reality of consent decrees as well.

…The consent decree becomes heavy on process measures, light on evidence-based outcomes for children and ill-defined as to how will we all know with certainty when we have arrived at the optimum ‘therapeutic’ outcome? This can lead to years of unnecessary spending for legal and monitoring fees, as well as contributing to deteriorating political support for the process.

Even with the best of planning, as a reformed child welfare system approaches “substantial compliance” – just as when a therapy client approaches optimal treatment gains – “discharge”
from a consent decree can be difficult for some…. [A] metaphor I have heard used is, “If we remove the gun from your head, how do we know you will keep doing right?.”

Another common theme across jurisdictions involved with consent decrees is the necessity to become a self-reflecting and self-correcting agency, building internal capacity to use data, and creating systems able to diagnose and make changes accordingly. An effective Continuous Quality Improvement (CQI) program plays a pivotal role in the reform process. By building system infrastructure that identifies areas needing improvement and then produces corrective action strategies to address performance, a CQI program can demonstrate how the current interventions will be monitored and sustained and how future challenges will be adequately addressed.

Approximately one year ago Casey, at the request of Commissioner Katz, conducted an independent assessment of Connecticut’s child welfare system. The document produced includes analysis from what Casey calls our RED team. The RED Team consists of multiple Casey work units who primarily reviewed publically available information and data related to Connecticut in order to develop:

- An analysis of the child welfare system focused on the front end, ongoing services, and permanency; and
- Analysis that accounts for the judicial, legislative/policy, and executive branch (child welfare) context;

The report included the following description of DCF:

*Connecticut operates a transparent, robust data system with its DCF Data Connect website. The website allows users to view reports and dashboards published by DCF and browse data across a variety of agencies and sectors in Connecticut. DCF also operates a strong QA/CQI system.*

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In comparison with many jurisdictions around the country, DCF has significant resources focused on CQI. This was confirmed by the recognition of the federal Administration of Children and Families that CT’s ability to monitor itself met the standard to self-administer the recent Child and Family Services Review. It is also seen in the ability to generate the multiple reports and evaluations available through the data portal. Equally important is the use of data to set goals that are directly related to positive outcomes for children and families. Again, from the Casey analysis:

DCF highlights its Strengthening Families Practice Model with seven cross-cutting themes and six principles of partnership. The model is trauma informed, strengths based, addresses racial inequities, and CQI principles (e.g. becoming a learning organization.) The practice model employs strategies such as trauma-informed practice, family centered assessments, child and family teaming, and others. Over the past two calendar years, approximately two-thirds of the child-specific child and family team removal meetings occurred prior to removal. Of those, between 25-30 percent were removed and the majority were placed with relatives or kin. DCF uses CANS and SDM as its front-end decision-making tools.

From a Casey perspective, the practices and tools described here are in keeping with best practice and DCF has shown the ability to implement them successfully. A system with a healthy and well-performing CQI system is better prepared for a renegotiation – and eventual exit – because they have integrated the function of self-assessment and tracking and adjusting into the agency practice and culture. These practices reflect such an adjustment

I thank the Committee for the opportunity to share a national perspective on this issues and Casey remains a resource to you for technical assistance and consultation around matters related to child welfare.