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AC APPROPRIATIONS SUBCOMMITTEE 10:00 a.m.
HUMAN SERVICES PRESENTATIONS

CHAIRPERSON: Representative Toni Walker

SENATORS: Flexer

REPRESENTATIVES: Lavielle, Abercrombie, Baker, Betts, Case, Currey, Dathan, Gibson, Gonzalez, Johnson, Mastrofrancesco, Santiago, Wilson

REP. WALKER (93RD): Good morning everybody, good morning. Good morning everybody, how are we? I'd like to call the Human Services Subcommittee meeting for Appropriations to order. This morning, we will be hearing from the Department of Children and Families from 10 to 12 and then we have a break from 12 to 1, then Department of Rehabilitation Services from 1 to 1:30 and the Department of Social Services from 1:30, it should be 3:30 frankly, but I won't say that I'll just sort of let it go, right, Madam Chair?

UNKNOWN: Yes.

REP. WALKER (93RD): [laughter] Thank you. Good morning. Good morning everybody and we will hear from the Department of Children and Families. Commissioner Dorantes, would you like to come forward? Welcome. Come on Cindy, come on and sit up next to her. You know she's going to turn around and ask you so you might as well just come on up. In fact, I actually have some questions to Cindy.

Okay, what I've ask everybody to do is please make sure you press the button in front of you so that
your light, your red light speaker is enumerated so that we can make sure everybody hears you. Just to let you know, CTN, this is being taped, so CTN is taping this and there are people out there. There are many of our members that are going back and forth because there are multiple meetings going on. Some may be in their offices, but you will see people floating in and out for the major part of the day. Welcome Commissioner, your first chat with us. Good morning go right ahead.

MS. DORANTES: Good morning. Good morning Representative Walker, Senator Osten, Senator Formica, Representative Lavielle and distinguished members of the Appropriations Committee. My name is Vanessa Dorantes and I'm the Commissioner of the Department of Children and Families. With me today are a few Department staff who are here to assist me in answering questions for Committee members.

Thank you for the opportunity to speak with you regarding the Governor's proposed budget for fiscal years 2020 and 2021 for the Department of Children and Families. DCF is excited about the opportunities this budget presents, allowing the Department to continue to provide quality services to families we serve to ensure that we do it in a most efficient way possible.

DCF's responsibilities are wide reaching in both the scope of services provided and the number of children and families served. The Department's mandates cover child protection, family services, children's behavioral health, prevention and education services. At any point in time, DCF serves approximately 36,000 children and 15,000 families across its programs and service array.
There are 2000 investigations and 2200 family assessments underway on any given day.

From 2015 to 2018, the Department saw an increase of 15.2 percent in the number of Careline calls received having received 102,509 calls in calendar year 2018. These calls have increased due to enhanced mandated reporting laws and awareness in the broadening pool of mandated reporters and an increase in penalties for failures or delays in reporting.

In crafting this budget, DCF followed the Governor's call to action to provide better service at lower cost while being more efficient and responsive, all while not sacrificing the care we give to families and children in our care. This call for innovative thinking coupled with the opportunities afforded DCF with the 2018 passage of the federal Families First Prevention Services Act legislation, because the cornerstone of the changes in DCF's budget.

We applied a strategic planning methodology to our approach to following were DCF's guiding principles in doing so did not compromise compliance with the Juan F. consent decree, consider what we do well and if it can be done at a more cost effective manner, consider what is done better by other states or organizations, how we might benefit from their knowledge and expertise and think beyond the biennium using a 5 to 10 year outlook.

We started this effort with an assessment of what we do well and what we could improve upon by considering DCF's organizational design. How it might contribute to resources being utilized in a less than optimal manner. The Department is engaging with an analysis with basically a dream
team of experts and stakeholders invested in DCF's success. The Department has great advantage of working with child welfare experts from Casey Family Program and experts in government organizational structure from the Harvard Kennedy School Government Performance Lab.

Engaging representatives of the advocacy community, including parents, the provider community and partner state agencies, has allowed us to reflect on the impact our structures might be having on our outcomes. This focus on organizational design informed child welfare expertise along with continued commitment to value and customer perspective, are allowing DCF to design to design a structure that will be more efficient, effective and responsive to the needs of our families. The end goal is to preserve what we do well and improve on what we could be doing better.

The new families first calls for child welfare agencies to flip the longstanding service pyramid. In the past, deep end out of home services were the only ones applicable for federal reimbursement. Family First, expands federal support for services to prevent the need for children to enter foster care. Prevention services tend to be less expensive and are intended to reduce the future need for more intensive and expensive services by intervening early and stabilizing the family. With Families First legislation, states can now seek reimbursement for prevention activities with the goal of improving long term outcomes for the children and families served by the child welfare system.

There has been an evolution regarding the correct level of engagement with families. Although out of
home care ensures safety, it is often at the expense of children thriving. Prevention activities are designed to enable families to stay together or to be reunited as quickly as possible, reducing the trauma experience and producing long-term benefits for children. The guiding words for engagement are stay home, go home or find home.

With these opportunities in mind, DCF has grouped Governor Lamont's proposed budget adjustments into categories that are guided by the strategies discussed above. The first area addresses services essential to compliance with the Juan F. consent decree. Net funding of $9,072,583 is recommended in both years of the budget. This allows the Department to maintain existing programming and ensure statewide access for families to essential services including supportive housing, fatherhood engagement programming and other treatment services.

An additional $4,128,140 in each year is proposed to continue community based services provided by non-profit providers serving adolescents with substance use issues and behavioral health needs. The Department was able to offset expenses by eliminating approximately $1.9 million associated with programs identified as having low utilization.

The budget is reduced by $996,000 to reflect an actual decrease in the utilization of home based clinical intervention and recent trends in expenditures for individual services. DCF carefully analyzed suggested cuts for minimal impact on Juan F. compliance. The recommended biennial budget support for services that are currently provided and, if discontinued, would jeopardize the
Department's compliance with the Revised fiscal year 2017 Exit Plan.

Moving on to what we do well but can do more efficiently, DCF engaged in a time study analysis that looked at every aspect of the work that social workers perform, informing the removal of non-value added tasks and making the work process more efficient. This is a practice that has been adopted in the private sector and promotes more efficient and focused operations.

Additionally, DCF has hired several new classes of social workers during the past several months. In FY 2020, these new workers will have completed their training curriculum and will be able to manage a full caseload, resulting in a reduction in overtime. We project this new staffing will lead to a decrease in overtime of $1.25 million. A further reduction in overtime of $2.1 million is projected through implementing the use of technology to improve scheduling and create more efficient workflows.

The last initiative in this area is the creation of a Central Transportation Unit. Through the establishment of in-house positions dedicated to providing transportation functions that are now performed at high cost providers and through overtime, net savings of approximately $1.6 million in the first year and $3.4 million in the second year are projected to be achieved.

The next strategy grouping is related to what the Department can do better. DCF has been fortunate to receive expert consultation on child welfare services from a national perspective. This has allowed us to see how other states have successfully met the needs of families they serve, as well as to
design services that are now applicable for federal reimbursement under the Families First legislation.

To that end, DCF has studied the success of the New Jersey Systems of Care model in providing both treatment services to the voluntarily served population and intensive case coordination or (ICC) services to families that come to the attention of the child welfare system. Building upon this analysis, funding is proposed to procure targeted case management services for families involved with the Voluntary Services Program.

The Governor’s budget also affords the Department the opportunity to add another track for differential response for families needing ICC services but not necessarily continued DCF involvement. These two changes in service provision will allow families to work directly with a community provider having expertise in targeted case management and care coordination. This had been found to improve outcomes for families and will result in net savings of approximately $1.9 million in the second year of the biennium.

Starting in 2016, DCF provided an ICC program on a limited basis and found that participating families were able to move from DCF care on an average 78 days after receipt of ICC services; cases that did not receive this service remained open with the Department an average of 436 days.

The last innovation in this grouping is DCF adopting a revised process by which court ordered psychological evaluations are procured to provide standardization, improve response times and become more fiscally efficient, reducing annual expenditures by $1 million. Improved response times
will also assist the Department in achieving permanency outcomes and meeting federal standards.

Finally, the Governor’s recommended DCF budget includes several changes due to general adjustments and the implementation of prior years' action. The largest of these is an adjustment for State employee wage increases of approximately $12.1 million in FY 2020 and $26.4 million in FY 2021, as well as annualizing private provider wage increase of approximately $1.6 million in each year of the biennium.

Additional adjustments for funding related to caseload growth and workers’ compensation claims result in an increase of approximately $900,000 in FY 2020 and approximately $4.9 million in FY 2021. Other adjustments that fall under this category include an approximate reduction of $500,000 to reflect the elimination of the remaining juvenile justice employees from DCF’s position roster due to transfers to other state agencies or retirement during fiscal year 2019, and a reduction of $250,000 based upon revised estimate of need for other expenses at DCF facilities.

Thank you again for the opportunity to speak about the DCF budget. My staff and I welcome the opportunity to address your questions both today and when we meet with the Human Services Subcommittee. Thank you.

REP. WALKER (93RD): Thank you and thank you for that testimony. That was a long one. We were kind. Since we had an hour and a half, we let you read the whole thing. We would have told you to sum it up. [laughter].
MS. DORANTES: I was warned.

REP. WALKER (93RD): Yeah. With you're new on this one so we won't tell you but next time, one page really works. And mainly because we want the members to have a chance to actually talk to you about some of the things.

MS. DORANTES: Understood.

REP. WALKER (93RD): I'm going to just really quickly, I mean, there's a lot in your report. The interesting one I find is the intensive case coordination. It sounds -- and I praise it. It sounds to me like the way we thought differential response was supposed to be designed. So, you're bringing back the fidelity of what differential response is. And the main purpose was to not get people into the system and not to -- to try and help direct the families in the areas that they need. So, I applaud you on that, I am very happy, and I want to find out more about it a little bit later.

The other thing that I'm interested in is your deficiency report that you had, we had. In the deficiency report, it says, $4.7 million is projected across a variety of accounts, shortfalls, lack of funding in the budget to honor the states commitment on Juan F. Is that satisfied in this budget now so that the deficiency will be -- and who are you young lady?

MS. BUTTERFIELD: Someone who doesn't know how to operate the microphone. I'm Cindy Butterfield, I'm with the Department of Children and Family.

REP. WALKER (93RD): Good you see you, Cindy.
MS. BUTTERFIELD: Thank you. Yes, it is. It is in the proposed budget.

REP. WALKER (93RD): It is in the proposed budget so that deficiency will be managed. And the other was clinical interventions for non-delinquent youth reallocated to all juvenile justice outreach funding.

MS. BUTTERFIELD: Yes, that's in the proposed budget.

REP. WALKER (93RD): That is in the proposed budget too, okay.

MS. BUTTERFIELD: Yes.

REP. WALKER (93RD): All right. And my -- it also talks about anticipated expenses to implement corrective action installment.

MS. BUTTERFIELD: Yes, that's in -- it's in the budget. We have extended $400,000 so far this year. We do believe we'll have a lesser amount in the upcoming year. We should be able to round that out this year.

REP. WALKER (93RD): Okay, okay. Well, I'm going to hold up because I did two questions. We did two questions, we try and do two questions on each go around so I'll be back with that. Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Good morning, welcome Commissioner, very nice to see you here. And I'm glad that you have Cindy with you because I know that she can answer a lot of these questions. So, we're limited to two. So, my first question is for the Kronos software that's going to
be used, is that something that's going to be used across all of the Human Services? So, is this something that also DSS, DMHAS, DDS are going to be used so that you guys can talk to each other?

MS. BUTTERFIELD: So, DCF actually started investigating the need for some kind of software for scheduling a 24/7 operations quite some time ago. When we initially started looking at it, we did talk to OPM about it and they asked us to go and speak to the other 24/7 agencies and they were very interested in this opportunity. I'm unsure what the entire rollout will be with DAS at this point, but I do know that the other 24/7's have been engaged in a process in looking at and several are interested.

REP. ABERCROMBIE (83RD): Okay, thank you. And then my second question is and I'm a little confused on this, the differential response and the ICC. Right, so Cindy knows I am a full supporter of differential response. I've been a supporter since years ago when you guys started, I think it works. Where I'm a little confused on it is, I understand the ITC, I understand that's enhanced, I don't understand the reduction of the $1.5 million in year two under the enhanced care coordination, how you can achieve those savings.

MS. DORANTES: So, it's based on the number of cases that will be diverted from coming into the system. I think even with the fidelity to the current differential response model, we found that there are approximately 1200 cases that still came into the department. Because it was the feeling of or actual services that required cases to be open in order for them to receive the services that they had.
So, these were cases that kind of fell in the gap of not being transferred to the community partner agency, but the department continued to transfer them on. And so, there's a specific category of cases that this would address that would further enhance what we have for differential response and reduce the likelihood of those families having to have an open case.

REP. ABERCROMBIE (83RD): So, let me repeat back what I think you said, okay? So, under differential response, that's a low-level non-abusive category of families that it's kind of they're at the door, we don't want them to come into the system, we give them supports that they need. Under the ICC, that would be the next category of families that need more intensive care that would not come into the DCF system. But I'm still not clear how you achieve that kind of savings with the enhanced coordination because you're talking wrap around services.

I understand what you're saying that they're not coming in as a full case load under DCF but if you want to bring more details, unless Cindy, you can talk to that. If not, you can bring details to the workgroup. But it just seems that if we're trying to keep them out of the system but they're an enhanced population, right because they're not the differential response, they're still, you know, they're still for the wrap around services, a lot of coordination that needs to go and how you can reduce that. 1.5 is a lot that you would reduce it by.

MS. BUTTERFIELD: So, they would be going to the community provider. They would have access to all the services, they would able -- they're going to match to level of care. They're also going to be
able to access Medicaid if that's the service that's provided. They'll be able to get to the whole service network and they're going to provide intensive case coordination. So, it is a higher level of follow through that we now have with our DRS and it's clinically based, the expertise. So, it is a different population that would once have had to come to DCF and been an open case to be able to get services, they'll now be able to get that through the intensive care coordination.

So, we do have a pocket of this right now in the agency where we have a number of slots available. In those cases where we've been able to match those families with intensive case coordination, they are able to close the case within 78 days as opposed to being with us for over a year and a half if they don't receive this service. So, it's been very successful.

And the New Jersey model is seen as one of the best models in the country and it also is being touted as a model that we can get federal reimbursement on because of Families First. So, this is considered prevention. In the past, we wouldn't have been able to get reimbursement on it but now since the Families First legislation, we can now start to give services at the very beginning of someone's engagement with DCF instead of waiting until they're much deeper.

REP. ABERCROMBIE (83RD): Thank you. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. I want to go to Families First real quickly. Families First, it covers prevention services and we now can -- do you have -- can you give us a category of all the Family
First services that are eligible? I'd like to know what they are. And then the other question that I have is, when you were talking about the ICC versus DRS, are they one in the same?

MS. BUTTERFIELD: It is in the DRS budget line. It is another -- it's going to be a second track of DRS.

REP. WALKER (93RD): Okay.

MS. BUTTERFIELD: To handle of different population.

REP. WALKER (93RD): But it would be part of the DRS funding line?

MS. BUTTERFIELD: Yes, absolutely.

REP. WALKER (93RD): Okay. Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. Good morning, Commissioner.

MS. DORANTES: Good morning.

REP. CASE (63RD): Coming from the northwest corner, I hear your name quite often. A few questions on a few different line items I have. One that struck me as a savings which is great but if you could bring back to the working group, the technology for expenditures for to save overtime. The Kronos software. Can you give a brief explanation on how that -- you expect that to actually implement the savings?

MS. BUTTERFIELD: So, the process used right now for scheduling 24/7's is a very manual process. It's guided by a need for equalization of overtime. So, literally when you give someone a shift of overtime, right now you have an index box full of cards and
you move them to the back of the box. So, you get asked if you want overtime or on a basis of when was the last time you received overtime. So, the most distant time that you received overtime put you in the front of the box and the you move to the back of the box.

So, there is -- there are things called pre book where you try to book overtime a week in advance and then there are times when you book overtime for the -- immediately before the shift. This is extraordinarily labor intensive, and it is a very manual process. A product like Kronos basically puts people in seniority order and then puts them in order of when they got the last shift of overtime. Let's them bid on several shifts at the same time and then automatically figures out which shift each person's entitled to.

So, if you have a block of overtime shifts that you're covering for a week, it will give the person who had the overtime in the most distant past who is the most senior, the first shift that they ask for. And then it will go to the next person and try to give them the first shift that they asked for and orders it in that manner. It's an incredibly labor intensive difficult process to do without a piece of software that manages it.

It also will allow for peak time of vacations. Things like everyone wants to put in, they get a week in the summer. Everyone is entitled to a week in the summer. You get the week, again, based on your seniority. Everyone has to have their request in by April 1st. This software will funnel through all of that, make sure that you have your coverage so you can go to whatever quota is that you can
allow for people to have time off on. And then figure out based on their seniority of what week they get and then order out through the rest of the population for all the weeks they want. Again, an extremely labor intensive practice. And this happens around every holiday, every peak vacation which is in the summer, also in the winter.

It also allows somebody in the scheduling office to see at one glance, exactly all the people that are on staff for the next shift. So, if somebody calls in sick, right now they call in sick one hour in advance or a half hour in advance, depending upon what institution they work at. The scheduling office then has to see if they have enough coverage to cover all the needs of the agency. This is all done on paper sheets where you go back and forth. With this type of software, you'll see immediately that you have an extra on one unit and you're just able to move them to the other unit instead of calling in people for overtime for the next shift.

So, there's a variety of very labor intensive manual processes that go on right now. Keeping track of what overtime was used for so you can get to your root cause analysis of do you need more staffing, are there a lot of people on worker's comp, is it a more intensive ratio that you need in that unit. All those things get calculated out for you so you can get to the root cause.

REP. CASE (63RD): And I think that's a great thing because as you know over the past years I've been here, we've all talked about the overtime in this agency and how we need to drill down to figure out how to do it. So, I'm assuming other agencies are using Kronos. And if we do, we can bring it back to
the working group because I have one other question. But I think it's a good way to start instituting and figuring out where -- I thought that what you just said was finding out the core areas of where the overtime is so that the Commissioner and staff can look at staff. Because I think in past years, it's been upwards of $15 million in overtime, $22.

Right, so we've been in many of these meetings. So, whatever we can do to drill down on that, I think it's a good step forward.

My second question is, the effectiveness through the creation of the central transportation unit. Is that 60 positions an added 60 positions or is that existing people that you're moving into drivers?

MS. BUTTERFIELD: On, that's -- those are new positions.

REP. CASE (63RD): I understand the new positions too, but the second part of my question is, where are we getting the vehicles for those new 60 drivers to drive?

MS. BUTTERFIELD: We believe because right now, we have a variety of much higher paid staff providing these transports, that we'll be able to take some number of those vehicles from our own fleet. We're going to size that out and figure out exactly what that is. We're buying dispatching software so we can make sure that our folks are as efficient as they can be, that they're not one out on a job, you know, if they're out on one transport if they can pick up another transport or there's somebody on the way or they can efficiently bring somebody to an appointment and then also do another transport, meanwhile, we're going to be able to do it that way.
So, we have three people for dispatching. We have 60 drivers. The vehicles, to some degree, will come from our current fleet but we have also been in contact with fleet operations and they have said they have the vehicles available for us if this is accepted.

REP. CASE (63RD): So, that's interesting that fleet operations has vehicles available because we always ask how many vehicles we have out there and DCF is one of the largest, DCF and DSS are the largest with fleet. I know in the Torrington area up where we are, you have -- we have hundreds of cars between the two agencies in that one building. So, you know, we always try to find ways for them to be utilized in the evenings. If they can cross different agencies which wasn't allowed before.

But I think you guys are looking at the right things to try to save dollars. We'll come up with more pointed questions. If you can drill down and see, because I don't see an expenditure where you're going to have lease payments or vehicles to DAS within this budget if you're going to have to bring more vehicles onto your agency. I don't see that in here and that's where my concern was is where the vehicles are going to come from. Do you have 30 vehicles extra in DCF, do you have to get an extra 30 from DAS? So, those types of numbers. Because obviously it's built in somewhere in your budget, those vehicles, I just don't see where.

MS. BUTTERFIELD: Yes, the funding would come out of our other expenses line. And it isn't detailed here, we will get you the detail.

REP. CASE (63RD): Thank you very much and once again, good to see you Commissioner and thank you.
MS. DORANTES: Thank you.

REP. WALKER (93RD): Thank you and just to continue with that, so basically, you're going to set up a command control and you're going to have software that's going to be able to direct. So, the 60 positions that are going to be the drivers for these vehicles are people that already within your existing operations now?

MS. BUTTERFIELD: No, they would be new positions.

REP. WALKER (93RD): They would be new positions. But the fleets themselves, the fleet that you're going to be borrowing from, do you have any idea how many cars you have now?

MS. BUTTERFIELD: We have 600 vehicles right now at DCF.

REP. WALKER (93RD): Oh, well you've got some to pull from. Okay, all right, thank you.

MS. BUTTERFIELD: And we hope to use that dispatching software for the current vehicles we also have now and that's how we'll make good decision. If we have enough vehicles and we're just using them as wisely as we could, or we actually need additional ones.

REP. WALKER (93RD): Okay, okay thank you. Representative Lavielle.

REP. Lavielle (143RD): Thank you, Madam Chair. Good morning Commissioner, good to see you again, thank you all for being here. I just have basically some things that I would like to ask you to provide to us for the workgroup. The first one is I really would like to see a detail of within the authorized
employees you have or that the Governor is suggesting you might have, how many are actually filled and to what parts of the agency are they assigned. So, if you could have a good total breakdown of that, including some of the changes that you suggested be made like the drivers.

The second thing that I'd be grateful if you could bring would be kind of a run down on where we are with Juan F., how, you know, if we're planning intelligently do you think there is any chance you might reach full compliance at a certain moment and before the end of the biennium. And if so, I think what I'm trying to get at here is when that happens, because it will happen at some point, will that change anything. Has some of it been overkill, has everything you've been doing been necessary and must you continue to do it, you know, all those things. We need to get a really good sense of that. So, I'd appreciate a pretty full run down on that.

And finally, just when we're talking about the privatizing case management, if you could provide some details on that, what that entails and what are the numbers that go with it. I won't make you work today but if we can have that material it would be great. Thank you. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. Oh crap. Representative Dathan. Does anyone have any paper towels?

REP. DATHAN (142ND): I think Brendon went out to get some. Good morning, Madam Chair, sorry, Mrs. Commissioner Dorantes. I really enjoyed your presentation this morning. I think there's a lot of information in here. I'm new to the legislature and so I'm trying to get my hands around how DCF has
been effective. And I would love, I don’t know if you've put together a dashboard or anything of historical trends. Particularly on the first page, you give a lot of information there. I would love to see some historical trends of how you're managing things, how many also in talking about personnel, how many case workers you have, how many community events you're doing and kind of the historical trends on those.

MS. DORANTES: We do, we do have something.

REP. DATHAN (142ND): Yeah, I figured you had something I just would love to see kind of a big picture whatever you have you don't have to create something special because it sounds like you're on top of these numbers which is great.

But yesterday afternoon, we had the DOC here. And we talked to various people in our public testimony and these are people who work at Manson, for example, who are case workers at Manson. And I asked the question, what could we do as a state to prevent some of these kids from having to go to Manson. And the response was more community services.

So, my question to you is really around community services which I saw in the budget, looks like it is there was childcare, I just lost my line. But there was community based prevention programs of about $7.5 million. And I'm wondering, how effective are we there and what are the outcomes? You know, I'd really like to see that, you know, the money that we invest in children and families really has positive outcomes. And I figure if we invest in that now, hopefully we can see less money having to be spent in DOC. Not that they're not doing a great job but
it's more of let's try to curb it off. And we'd love to hear a little bit about that, and you can dig into that in the workgroup. But that's something that's concerning to me.

MS. DORANTES: Very aligned with that way of thinking. To thinking about how you engage with families further upstream and less compartmentalizing of who these families are. If we're serving them along the continuum, you know, obviously there are touch points along different human service entities. But there's also touch points among other stakeholder groups that aren't necessarily providing services like schools and, you know, community based services that are not necessarily connected to the state agencies.

So, how do we build a better network along the continuum to prevent a child from getting into the deep end of some of the stuff that you were referring to related to DOC. It's definitely something that I'm aligned with and I also think that Family First will allow us to focus a lot more on the prevention efforts in communities.

REP. DATHAN (142ND): Yeah, I saw that. I was taking notice of that. I'm looking forward to hearing about what categories and services are involved. I think somebody else asked that question earlier but thank you very much for your testimony and thank you, Madam chair.

MS. DORANTES: Thank you.

REP. WALKER (93RD): Thank you. Representative Wilson.
REP. WILSON (66TH): Thank you, Madam Chair and thank you, Madam Commissioner for being here with us today. I'm looking at maintaining community services and substance abuse treatment. And wondering whether the Department feels that given the increase in substance abuse that the 12 percent cut to the substance abuse treatment line is appropriate.

MS. BUTTERFIELD: Some of the services that are in the line that we requested back, the $4 million, are related to substance abuse services and behavioral health services. We do have a full array of services right now and I know there has been some analysis into whether Medicaid services could be available on a more widely.

There is an opioid bill that is out right now that we've been working with DSS heavily on to expand the use of Medicaid in providing opioid services and other substance use services. So, this is an area that we've been looking at. Right now, we are able to support the Governor's budget with the provisions for the services that are in this budget.

REP. WILSON (66TH): Thank you for that answer. So, am I understanding that perhaps in here this $247,000 cut or reduction is presupposing that the opioid bill passes?

MS. BUTTERFIELD: No. We're -- with the services we have now, in the current Governor's budget, we are able to provide services to our families and children that we're involved with. We did add recently services and they show up in other line items. So, what I can do for you is we can provide back to you all the different lines of the different types of substance abuse services we have. They
aren't all in that line. They do go into other lines because of the areas of the Department they hit.

REP. WILSON (66TH): All right, thank you very much. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you and yes, that's a product of collapsing lines that we've been doing for the last few years. And we've tried to push back on that so it would be helpful to know where substance abuse is going on. Representative Mastrofrancesco. Please say that for me.

REP. MASTROFRANCESCO (80TH): Mastrofrancesco.

REP. WALKER (93RD): Oh, I said that right. Oh, thank you.

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. Thank you, Madam Commissioner, it's a pleasure to meet you. Thank you for your testimony today, appreciate it. I had a couple of questions on the central transportation unit. So, you had mentioned that the workers there would be new positions. And I was just wondering, did you factor in, I guess there's supposed to be a savings of $1.6 million in the first year, $3.4 million. Can you tell me what the total cost that we're spending right now to outsource these services? I didn't see that in there.

MS. BUTTERFIELD: There are several different lines in our budget that we pay for outsourcing those services. So, one line would be the school or origin transportation which was as high as $14 million last year. But then there are other associated services where you see that expense and
it could be things like supervised visitation, sibling visitation and that would probably be about another $4 or 5 million.

Additionally, to that we have employees that work overtime to provide those services. And on average, the overtime rate for the mixture of employees that provide service are $50 an hour. So, that's how we arrive at the savings by having employees that are professional drivers at a lower pay grade than a social worker on overtime providing driving services and by going to the outside.

This is one of the few areas where actually the state can provide the service cheaper than a private company because of insurance, liability, we already have the vehicles available to us. So, there's a lot of overhead that's already covered for the state when we provide a service like that.

REP. MASTROFRANCESCO (80TH): So, in the cost savings that you have here, is it factored in the, and I'm assuming that is. I guess I'd be looking for more of a breakdown. Excuse me. What the cost is for what we're paying for insurance on these vehicles, the maintenance, the salary, the medical benefits for the new hires and so forth. I'm assuming all of that has been factored in and would you be able to provide us with a breakdown of exactly what it is.

MS. BUTTERFIELD: Yes, we can see that. When we lease vehicles from fleet operations, they incorporate into our monthly fee what they need for -- for -- we don't have insurance because we're self-insured but the need for maintenance on the vehicles and things like that. So, we'll designate
all those expenses that are covered by the different pieces of this.

REP. MASTROFRANCESCO (80TH): Okay, I think I used my two questions. Thank you, very much. Although you're not paying attention, I think I can squeeze another one in. [laughter] I know she is. Thank you, Madam Chair and thank you for your testimony, I appreciate it.

REP. WALKER (93RD): Thank you. I have a question. On the residential treatment center rates, the adjustment and the savings. Can you explain that to us please?

MS. BUTTERFIELD: There is the putting in of the increase of the rates and then the reduction further down the line. The difference in that would be, I believe, is the no nexus payments to schools.

REP. WALKER (93RD): Is it payments to schools because it talks about single class accounting system.

MS. BUTTERFIELD: Yes.

REP. WALKER (93RD): And that the per diem rates are for in state private residential treatment centers. And under that, there is a sizeable savings.

MS. BUTTERFIELD: It's in the top of the budget, it puts in for the increase and it comes out later.

REP. WALKER (93RD): It does come out later?

MS. BUTTERFIELD: Yes.

REP. WALKER (93RD): And there -- we talked about there are several items where you put in because of statutory requirements and then we take them back
out. We want to talk about all of those. Not, those are bad or good but, I mean, if this has been going on as we were told for years, then we need to address the budget to accommodate so that we don't go through it because it's very confusing for especially new members who are trying to understand what's going on in the budget and trying to make out that. Any other questions for the first time? Nope, okay Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair, for the second time. I'd like to talk a little bit about voluntary services and the reductions that you have with the elimination of ten social worker positions. So, is the thought that a family calls 211 for voluntary services, right. Is the triage at that point going to determine if some of these will become now ICC and that's where the elimination of the social workers comes? Because in the other line item, you have an increase of 120 social workers that you have just trained. So, I'm trying to connect both of these.

MS. BUTTERFIELD: So, in the case of volunteer services that they would call 211 and then the call would still be funneled through the Careline. And then the Careline would refer to the targeted case management for management of the case and payment of the services that the family is seeking in voluntary services.

REP. ABERCROMBIE (83RD): Right, so -- but my question is, right, so differential response, ICC, right. So, the triage of these families through the 211 for voluntary services, right, doesn't that overlap?
MS. BUTTERFIELD: So, voluntary services, the family services, the families actually call us looking for services. In the case of the families that we'll refer to ICC, they will have come to us through a report into the Careline and then the decision will be made what track they belong on. So, the volunteer services is a different pool of people.

MS. DARANTES: A different pool. Sorry, a different pool of families. But following your thought that if somebody who has a child that could benefit from voluntary services actually could be a family that would be seeking services through ICC had they been referred to us. But one of the exclusionary criteria for voluntary services is an active investigation.

So, they're coming through the door a different way but, you know, I could absolutely see the need within the community to be served in a different manner. So, voluntary cases that are referenced here, are the ones that Cindy articulated that families have voluntarily come to us looking for help.

REP. ABERCROMBIE (83RD): So, please explain how the elimination of the ten social workers because my understanding is, is that voluntary service is such an active program right? I don’t understand where you see a decline in this program.

MS. BUTTERFIELD: So, we right now have about 150 families that have open cases with us so that they can take advantage of voluntary services. This would allow them not to have to have an open case with DCF to receive services. That they would be referred to a targeted case management manager who would actually be able to do the matching for level
of care. Refer to services is more clinically based and an expert in that field and they would also manage the payments for the care that is not covered by insurance for those families.

REP. ABERCROMBIE (83RD): Okay. It seems a little overlapping but if you could give a little bit more details around voluntary services, ICC and differential response and kind of maybe the definition of these. Maybe I'm a little confused in my thinking of the cross services.

Because I'm thinking that if I'm parent and I'm calling 211 for voluntary services, it can be a family that's in, you know, in a stress overdrive, right? Sort of like EMPS, right? So, I think that all of these programs overlaps, that's why I'm trying to understand how you would decrease ten social workers in voluntary services.

I just want to follow up a little bit if I can on the central transportation unit, right? So, if you could give details as to what transportation these drivers would be doing. Two of the things you talked about was school of origin. Who do we contract now to do that service?

MS. DORANTES: Private providers.

REP. ABERCROMBIE (83RD): So, is it -- is it our bus companies that have school bus companies? Who is the private provider in that case?

MS. BUTTERFIELD: We often use the school bus company that the LEA has contracted with. We also have credentialed providers that provide school of origin transportation because it is a very different kind of transportation with rules. And then we have
pure just plain transportation for families that we're bringing to appointments, that we're bringing together to have visits. So, there's a whole myriad of transportation things that we do at DCF because kids can't drive. And so, we need to bring them together to be able to have just normal visits or any other kind of services.

REP. ABERCROMBIE (83RD): And are these also medical appointments?

MS. BUTTERFIELD: No. Those are generally are families that are covered by Medicaid and that's handled by the DSS system.

REP. ABERCROMBIE (83RD): So, under the DCF and I'm just trying to understand this. It's not an area that I'm familiar with. So, under DCF right now, we supply transportation for visitation between siblings. We do -- we either bring the parent or a child with a caregiver to visit a family member?

MS. BUTTERFIELD: Um-hum.

REP. ABERCROMBIE (83RD): And none of this is covered under Medicaid at the current time. If it's a Medicaid reimbursement, then it goes under our non-emergency transportation under DSS, correct?

MS. BUTTERFIELD: Yes.

REP. ABERCROMBIE (83RD): Okay.

MS. DORANTES: There would also be opportunity -- we sometimes transport family members to court. That's another type of transportation that happens. And along the lines of the question that was asked earlier about kind of what the processes are now, because of how cars are allocated without a dispatch
system, if I'm a worker I might have a visit at 12 o'clock noon. But 8 o'clock when I come into work, I'm going to grab those car keys because I want to make sure the car is available to me.

With a centralized dispatch, there may be three or four other visits that could have taken place during that time and it just creates so much more efficiency then to, okay, if I didn't grab the car keys at 8 o'clock in the morning, you know, spending how much time trying to locate a car for the 12 o'clock visit that I might have to conduct. And again, if it's a social worker doing that visit, we're paying much more for the social work staff to do transportation when a driver could easily have accommodated that for probably half the cost?

MS. BUTTERFIELD: Yeah.

REP. ABERCROMBIE (83RD): And these aren't vans where they need to have a special license. This would be more of a car fleet that you're talking about where a, and I don't know the proper term, a general licensed person would be acceptable.

MS. BUTTERFIELD: Yes. Yeah, it's generally going to be regular sedans and things like that. You know, if we get to point where we see that we have -- we can group many trips and get larger vehicles and then the appropriate license, we'll make those suggestions.

REP. ABERCROMBIE (83RD): Thank you. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. Representative Case.
REP. CASE (63RD): Thank you, Madam Chair and just a couple follow ups to Representative Abercrombie's questions on that. We also transport children that are outsourced to districts. As the good Commissioner probably knows, we had one in the northwest that was coming from Danbury going all the way to Winchester to go to school. And that's -- that child is actually brought by a private car to a school system, so they were traveling an hour and a half each way. So, we do do that when we outsource, am I correct?

MS. BUTTERFIELD: Yes. Yes, the school of origin transportation.

REP. CASE (63RD): So, when somebody is diverted out of their current school system because of a DSPCF issue, those are also rides that we have to accommodate for to school.

MS. BUTTERFIELD: So, there is federal legislation. It's the fostering connections legislation that requires that we transport a child back to the school of origin if it's in the child's best interest. There are several factors that we look at to do -- when we need to do that but that is one of the things that we do do.

REP. CASE (63RD): And with those drivers, and also, I don't know if it is with your employees, do your employees have to have a Class F endorsement in order to transport throughout the state?

MS. BUTTERFIELD: Not in a standard vehicle.

REP. CASE (63RD): Not in a state vehicle.

MS. BUTTERFIELD: Standard, standard vehicle.
REP. CASE (63RD): Not in a standard vehicle, okay. So, I lost my train of thought here but I'm coming back to it. One second, Madam Chair. So, this is a really crazy question but it's in the budget and I've only seen it in -- it's four so far and I saw it today. Why don't all agencies have in their budget, leap year? That’s really, I mean, it says $5.4 million for four general fund agencies and the agencies that we've heard previously this week, don't have this in there.

MS. BUTTERFIELD: I don't know.

REP. CASE (63RD): So, for, I mean, it's just for one day of work it costs the state $5.4 million for four agencies. I haven't seen it in any other budget, that's why I'm curious why it's pulled out of the Human Services and put there in a budget.

MS. BUTTERFIELD: I don't have an answer for that.

REP. CASE (63RD): Thank you.

REP. WALKER (93RD): Do you want to ask any other questions, Representative Case?

REP. CASE (63RD): Well, since we have another hour to go --

REP. WALKER (93RD): All right. I want to sort of talk about Juan F. for a minute. With the things that you have outlined in the budget, I need to see or understand if you could bring to the workgroup, how these are going to address the five outstanding issues. If you can sort of pinpoint what they're going to be providing.

One of the concerns that we had before and why we hired so many social workers was because of
caseloads. So, can you speak to caseloads right now or do you want to do it later?

MS. BUTTERFIELD: We can -- I'm sorry.

MS. DORANTES: Cindy can speak more specifically but it's along the lines of the time study that was conducted and the shift from thinking about caseload to workload and how we can measure actual tasks associated with cases and to get general things associated with how you assign cases to staff versus just a blanket number. Because that didn't tell the complete story of what it takes from end to end on a particular case.

They just completed a massive time study, first on the investigations function and then on the ongoing functions of all different types of ongoing cases from the beginning straight through to case closure to try to have a better understanding of the time associated with each task. And then a time value of that social worker's time associated with how it impacts the budget.

REP. WALKER (93RD): And can I just say, one of the things that I had heard from some people was the fact that DCF social workers kept case -- cases open longer than sometimes needed. Are you looking into that so that cases can be closed in a more reasonable timeframe?

MS. DORANTES: So, you certainly want to make sure that case closures are done safely. You know, they want to make sure that the presenting problems that brought them to our attention have been resolved and that they're connected to community services. With that said, when caseloads grow, the best way I can describe it is it feels like quicksand. And this is
where my having come through the ranks, understand this problem.

Because when you have a managed caseload, you can easily efficiently move cases through the system. When you have a caseload that is beyond the recommended utilization, you're just putting out fires.

REP. WALKER (93RD): Correct.

MS. DORANTES: The same with the ratios of supervisors to workers. A supervisor that has five workers and they can manage that workgroup. You add one additional worker, and you again get into that cycle of just addressing the crises. So, if we can manage the assignment of cases as well as the ratio to supervisors, we see more efficiency. We see it happen when we -- in places that are staff appropriately and we're getting here, we're just not quite there yet.

REP. WALKER (93RD): Okay, okay. Yes, go ahead, Cindy.

MS. BUTTERFIELD: So, we increased -- we had an increase of 120 social workers this year along with 12 social work supervisors. And what finally allowed DCF to do is, we have a very long training period before somebody can take on a full caseload.

REP. WALKER (93RD): What is it, about a year?

MS. BUTTERFIELD: It's 9 months.

REP. WALKER (93RD): Close.

MS. BUTTERFIELD: Yeah, it takes about 6 months to get through from a vacancy to the recruitment process and the person actually comes in the door.
So, because of these very long periods of time before you have someone who is actually able to pick up a full caseload, we needed to get ahead of people leaving. So, we've gone to a predictive hiring model.

And what that means is we hire in advance of knowing that we will lose a certain amount of employees every year. We have one of the highest attrition rates in the state but that is based on it being the kind of work that it is. Although we're very high in the state, we're actually low compared to other DCF like agencies in other states.

So, this is finally going to get us to the point where we actually have somebody. It's the 9 months that we were missing. So, we're actually going to have somebody ready to take on a full caseload when someone leaves as opposed to 9 months from now, you'll have help. And because of that 9 month span of okay, so the person has left and now we have a vacancy, but we don’t have somebody ready right now to take on the caseload because they're going to be training for 9 months.

This jump, that 120 positions gave us the jump for the 9 month training period. So, a person now goes in and is able to pick up a full caseload. Which means that that caseload doesn't get dispersed amongst the other workers that remain and then their caseload goes higher.

REP. WALKER (93RD): So, when you said it takes 6 months from the point of trying to determine -- to bring somebody into the agency. Is that our fault or is it just process?
MS. BUTTERFIELD: It's a long process. You have to go through posting the position.

REP. WALKER (93RD): Okay.

MS. BUTTERFIELD: Then, you know, you have to give people time to respond to that.

REP. WALKER (93RD): Correct.

MS. BUTTERFIELD: Then you vet all the applications. Then we put them through interview cycles with panels of people. And by the time you get to the end process and the person gives their notice and all of that happens, you can plan on it being 6 months.

REP. WALKER (93RD): No, because we had heard from a couple of other agencies in our hearings that it takes up to a year before a person actually gets into that desk. And that's what -- part of it was because of us, the way DAS and how they process and things like that. So, I just want to know, is that the case here? If that's the case here, then you'd be one of the other agencies in that column that we have to sit down with Department of Administrative Services to talk about the process of hiring staffing.

MS. BUTTERFIELD: There is a great deal of work that happens once we get the applications in our local HR department. They have to field, I mean, we have, for instance, a clerical position open up in one of our regional offices and we got 800 applications.

REP. WALKER (93RD): Wow.

MS. BUTTERFIELD: So, there's a lot of fielding of that. You've got to make sure it's a very fair,
concrete process. So, it's not a matter of just taking three of those applications, oh let's interview, you've got to go through a very rigorous process to make sure that everything is fair.

REP. WALKER (93RD): So, you have to interview all 800?

MS. BUTTERFIELD: Well, you don't but you do have to come up with a process to decide to filter the applicants that you will interview.

REP. WALKER (93RD): Okay, all right. Okay, Representative Dathan.

REP. DATHAN (142ND): Thank you, very much. You asked my question on Juan F. which was good. Just to follow up on your point just a second ago about going through. Presumably you're using an applicant tracking system to do that. I was CFO of a company that was software that did that, so it saved a lot of time and a lot of manpower for the hiring manager. You do that, right?

MS. BUTTERFIELD: Right now, we're not as automated as we would like to be. If you have a product that maybe we could talk about.

REP. DATHAN (142ND): There's a lot of great ones on the market. Happy to have that offline conversation with you because it can really save a lot of time and money for hiring managers. Really, I wanted to have my second question be around the differential response system. Is that a new system? No. So, it is proven because one of my concerns is I understand that these cases are low risk but just want to make sure that things don't escalate, and kids fall through the system.
MS. DORANTES: That's an appropriate level of concern particularly because we're at the point at which differential response has been in existence for several years. And to look at the fidelity to the model to determine just kind of where we land, in the beginning we had designated very specific staff that would have a lower to moderate risk cases and would go down a family assessment track. And then we had other cases that would go down the more forensic investigative track.

What we learned was that it was pretty difficult for the staff that were only getting those serious high-risk cases to prevent them from getting, frankly burnt out, by having those high-end cases. And the other type of cases that are low to moderate risk, were they viewed as DCF light.

So, we have an opportunity to be able to make really good safety assessments on cases that have gone the differential response track. What we've also learned is that when there are cases that the outcomes are not favorable and they've come down that track, we've had an opportunity to do some special qualitative reviews to determine if fidelity to the model was the issue or if there were larger systems level concerns that we had to address.

So, your point is well taken regarding differential response. But it's intended to be able to stem the types of cases that come into the department to prevent cases from getting further and further into the deep end.

REP. DATHAN (142ND): Do you have metrics on those as well?

MS. DORANTES: We do.
REP. DATHAN (142ND): Great. I'd love -- can you add that to the same question from earlier?

MS. DORANTES: There's actually a full evaluation panel through UConn on the differential response system.

REP. DATHAN (142ND): Great, thank you very much. That's it. Madam Chair, thank you.

REP. WALKER (93RD): Thank you. And we were just looking at the line item for DRS and it -- there's an increase of 4.7 in your DRS line item and it's coming out of personnel, personnel services.

MS. BUTTERFIELD: There will be a reduction because caseloads will go down.

REP. WALKER (93RD): Well okay. Unfortunately, you don’t have our OFA lines. But we -- it says provide enhanced care coordination DRS. And it says, personnel services reduction $4.5 million and it says differential response increase of $4.7 million. And when we look at the lineup, so I guess what I'm trying to understand is the increase is coming out of personnel. So, is this personnel staffing that is coming out of it and going into DRS and do you have personnel in these lines besides just your personnel services. Do you have personnel in these other lines that are in your budget?

MS. BUTTERFIELD: So, there will be a reduction in the caseload. We predict a reduction in the caseload due to DRS, due to the intensive case coordination piece being implemented. So, what you see on the DRS line is a contracted intensive case coordination service.
REP. WALKER (93RD): So, the $4.5 million is for the ICC?

MS. BUTTERFIELD: Yes, it is. So, it annualizes into the next year.

REP. WALKER (93RD): Okay, so those are -- I'm sorry, not to cut you but -- so those are contracts that are going out, they're coming out of personnel and the contracts are going out to private providers.

MS. BUTTERFIELD: Um-hum.

REP. WALKER (93RD): Okay, all right, I think I understand that.

MS. BUTTERFIELD: So, and we project if these cases have been open on average a year and a half and we have about between 1000, 1200, 1500 of these cases a year that would be appropriate for this service then you can plan on it being one and a half times that. So, we assume the caseload will decrease by, you know, about 1800 cases a year. And that's the result of the savings in personnel services.

REP. WALKER (93RD): I'm not criticizing but yeah I am. So, somebody has a case that's a year and a half. How do you determine if you're getting any -- if somebody is out there for a year and a half, how do you know that you're actually serving a purpose beyond just maintaining a file?

I mean, that's just an editorial really, I mean, I just -- that's -- I want to say very candidly that I appreciate the direction that you guys are going in. We are -- you're actually looking at your contracts which makes me so warm and fuzzy, you have no idea. Because your agency contracts most services and the
effectiveness has to be evaluated. So, quality assurance where is that in your programming? How are we evaluating the private providers to determine that they are achieving what we expect them to achieve?

MS. DORANTES: So, this dovetails squarely on the exit of Juan F. Because I do believe that the areas that we have not achieved fall squarely in whether or not cases are planned for effectively and children's needs are met. And so, while I think we do have a robust provider information exchange system that we gather outcomes, those are primarily quantitative outcomes.

We do also have a service array workgroup and service array assessment workgroup that takes a look at just how we procure services and how they're allocated amongst the 14 area offices. What we have to do better is the result piece, accountability piece of outcomes. And how do we know that the providers who are working really hard are indeed providing the scope of service for which they were contracted, and which families are better off.

And if we can do a better job at that in terms of case planning and addressing needs met through all of these dots that are connected. I believe we not only achieve cost savings but better outcomes for kids and families but it isn't just kind of the same treadmill over and over again. It is kind of taking a step back and talking with providers at the beginning and throughout the course of the case through better case management and better evaluation of the services we procure.
REP. WALKER (93RD): Amen. I mean, we -- I don't know, I'm sure you didn't watch but we had Contract Standards Board before us.

MS. DORANTES: We watched.

MS. BUTTERFIELD: We watched.

REP. WALKER (93RD): Okay so you know you're coming. But, I mean, they -- if you remember last year, Cindy, we were talking about this in our accountability and results first and some of the few information in working with CSSD and DMHAS. We're going to ratchet that up big time within the next week and go over some of their findings and we're then going to talk about contracting. Because they sort of reiterated what we had started talking about a year ago that we're providing contracts out there to providers and really never sure what our respond -- I mean, what our product is and are we serving the kids and the families that we should be doing in a way that helps them and with the things that they need.

So, I mean, I can see all of those coming through in your budget now and I thank you so much for that. Because the more we evaluate, the better off the system is and the better off our families are and then the better off we have with preventive services which I am so thrilled that you're doing Medicaid reimbursement now for prevention. Families First was something that we talked about last year again, but I guess it's taking some time to actually come to fruition and we thank you for that too. I'm sorry, you were about to say something, Commissioner.
MS. DORANTES: Yeah, we can also appreciate this further that the ICC will take the place of interventions that typically would be assessed through our regional resource group which are in house consultants who spend quite a bit of time consulting on cases of kind of how they would match families to services. If those cases are then diverted to directly to community agencies, the in house consultants can do a better job of informing that case planning and connecting the dots with the providers and the worker that's holding the case.

So, I think with better assessments, better qualitative controls with our provider agencies better matches between needs and services, you can get better outcomes and be cost effective at the same time. But it's, you know, I think right now we kind of jump down to further decision points that really could be influenced by better assessments early on if we had just the time to be able to pay attention to that sooner.

REP. WALKER (93RD): What would be even more spectacular is that we kind of create a seamless system for families so that if they're going between different agencies, let's say go between DCF and DMHAS or DCF and CSSD, if we can try and make it almost seamless in that regard, it would make the families out there function so much better.

So, I'm hoping that's the direction that we are heading into and bringing that up, I wanted to ask you to, Cindy, if you can bring to the workgroup the list of juvenile justice services that were before they were transferred. Because we would like to then bring Courts Board of Services to the table and make sure that those services are being transitioned
to them. And that we're not dropping services because there's not an understanding of how the process was managed.

And then looking at mental health, and how do we work with DCF to get mental health services out there to families because you are the provider for mental health in the under 18 group and how do we do that. Whether we do it with DMHAS or DCF or SDE, that's got to be addressed in a big way. We're saying that too many times.

MS. DORANTES: I appreciate you saying that because as you were talking, I was thinking about the children's behavioral health plan as being an excellent example of how coordinated efforts between state agencies and stakeholder groups like SDE. And 12, I think, on the children's behavioral health plan there are 12 agencies that work in conjunction with each other to try to create that network of seamless transition.

I think one of the phrases that they use is no longer, you know, wherever you enter the system, you can, you know, move between our systems. And when you think about our families, it's usually not one particular issue. There are, you know, and rather than getting caught up in trying to navigate the system, we can do that better to kind of help that for a family.

REP. WALKER (93RD): Absolutely. I mean, for example, if you go into visit a family and the family has a need for housing, you shouldn't have to then go and grab some RAP certificates, you should be able to call Department of Housing and say we need a RAP certificate to prevent this family from
being a product of Department of Children and Families.

MS. DORANTES: And that's -- in the most recent product from the children's behavior health plan, it addresses exactly what you're talking about. Because when basic needs aren't met, you can't even get to the needs that are created due to substance use or family violence or those higher end needs that typically bring families to our attention. So, if we can address the basic needs stuff, then you can start to get to the higher order needs that our services than will attend to. But if you try to do that first and they have no place to live or no place to eat --

REP. WALKER (93RD): Exactly.

MS. DORANTES: Or the income is not addressed appropriately, it's almost backwards.

REP. WALKER (93RD): Exactly.

MS. DORANTES: So, there's a pyramid that that group just produced to speak exactly to that.

REP. WALKER (93RD): Our couch surfer kids are some of the neediest kids that we have in the state but yet when they're not getting the services and that's a sin. So, we've got to address it to make the quality of life for the next generation much better, so thank you. Representative Wilson, do you have a question?

REP. WILSON (66TH): Thank you, Madam Chair. Looking at the current caseloads and requirements, I see some substantial proposed cuts here. I'm curious as to how we achieve the worker's compensation claim cuts.
MS. BUTTERFIELD: That comes from the closing of the Connecticut Juvenile Training School. That was the employees at that location had high levels of worker's compensation.

REP. WILSON (66TH): Okay and in that same area, the individualized family support services, what types of services do they provide and how do you think you're going to make that adjustment for the 10 percent cut to it?

MS. BUTTERFIELD: Individualized family support services are a variety of things that families in our care needed. We found that once we started using the DRS program, the Differential Response Program, that their needs were being met by those service providers and it was no longer necessary for DCF to fund as many of those things in the -- in that area. So, that's what that reduction comes from.

REP. WILSON (66TH): And can you just briefly explain the board and care for children short term in residential?

MS. BUTTERFIELD: That is a switching of the service type from not being so dependent on residential care. The department in the last several years has moved to trying to find family settings for children or serve children within their homes.

REP. WILSON (66TH): Okay, thank you very much. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. Are there any other questions? Yes, Representative Lavielle.

REP. LAVIELLE (143RD): Thank you, Madam Chair. There was one thing that I would like to know more
about for background. Which is how long ago the Family First legislation took affect?

MS. BUTTERFIELD: It was voted in 2018. It has been difficult to get specific guidance on Families First. So, we worked with Casey Family Services and other national experts in the field of child welfare to come up with what exactly the program was related to. If the prevention piece is one of the keystones of the prevention piece we have come to understand is preventing children from going into foster care. So, that's how they define prevention.

So, looking at all kinds of programs that would allow the families to stay intact or be reunified. So, things like that and trying to get closer to the staying intact. That's why the two programs that we're talking about are considered prevention activities. They've come to the attention of the Department but you're asking early to get them what they need so that they don't have further involvement with the Department.

REP. LAVIELLE (143RD): Thank you. The reason I bring it up is because it sounds like something that has a, you know, pretty profound affect on a lot of what you do. And so, I would be interested in anything you've done to kind of outline how you think that will affect your cost structure going forward. I know it's not instantaneous but whether we can see sort of evolution that did planning on in terms of, you know, some of the reduction in costs from using out of home facilities and so on and where you think that's going. So, anything you could bring is useful for us.

MS. DORANTES: Two responses to that. One, someone had asked earlier for us to provide a kind of a
timeline and one of the timelines we have are exactly what you're talking about. At like which points along the continuum certain initiatives started so you can see the shifts in trends and practice associated with those things.

And then the other piece is because it was instituted last year, the Feds have required that states then submit what our plans are related to this and Connecticut is positioned really well because of some of the activities that we've done to reduce the dependency on congregate care and emphasize children staying at home. So, we were able to then say, okay, let us look at Families First, not from the beginning, but things that we had been, you know, hoping to be able to do but kind of were not able to fund appropriately because of the costs associated with prevention not being reimbursable.

REP. LAVIELLE (143RD): Okay, well that's great. I mean, it's obviously a good development so, you know, whatever you have I'd be happy to see. Thank you.

REP. WALKER (93RD): Thank you. Are there any other questions? Thank you Commissioner, thank you for coming before us and we look forward to working with you through some of the work groups and everything. So, this wasn't that bad, it wasn't. It was all, you know, yay rah.

MS. DORANTES: Thank you, Representative Walker, and the Committee, thank you.

REP. WALKER (93RD): Thank you. Talk to you guys very soon, thanks. So, this concludes the first hearing today. We will reconvene at 1 o'clock with
Department of Rehabilitation Services and then Department of Social Services. Thank you.