

Department of Children and Families

LEGISLATIVE BRIEFING

January 24, 2013

Commissioner Joette Katz



DCF Mission

- **Working together with families and communities for children who are healthy, safe, smart and strong.**
- All children and youth served by the Department will grow up healthy, safe and learning, and will experience success in and out of school. The Department will advance the special talents of the children it serves and offer opportunities for them to give back to the community.

DCF Mandates

- Child Welfare
- Children's Behavioral Health
- Education
- Juvenile Justice
- Prevention

Six Cross-Cutting Themes:

- ***A family-centered approach*** to all service delivery, reflected in development and implementation of a Strengthening Families Practice Model and the Differential Response System;
- ***Trauma-informed practice*** as related to children and families but also to the workforce that serves them;
- ***Application of the neuroscience*** of child and adolescent development to agency policy, practice and programs;
- ***Development*** of stronger community partnerships;
- ***Improvements*** in leadership, management, supervision and accountability; and
- ***Establishment*** of a Department culture as a learning organization.

Regions and Facilities

Regional/Area Offices

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

Facilities

- Connecticut Juvenile Training School (CJTS)
- The Albert J. Solnit Children's Psychiatric Center – North & South Campuses (formerly *Riverview Hospital & Children Connecticut Children's Place*)
- Wilderness School

Children and Families Served

- At any point in time, the Department serves approximately 35,000 children and 15,000 families across its programs and mandated areas of service.
- Approximately 14,000 cases are open on a given day.
- Approximately 2,000 investigations and 1,000 family assessments are underway at a point in time.
- Approximately 4,000 children are in some type of placement.
- Approximately, 650 children receive voluntary services and are not committed to the Department. About 550 of these children are receiving services at home, with the balance receiving services out of the home.
- Adoptions were finalized for 435 children, and subsidized guardianships transferred for 264 children during SFY2012.
- Positive Trend: The % of children overall placed with relatives, has risen to 24.5% in October 2012 compared to 15.3% in January 2011. If we count kin placement, that number is currently 29.1%.
- Education: Post secondary (2 or 4 year colleges or other full time school) program provided financial support for 593 youths in CY11 up to age 23.

The Careline: Intake

- **Reports of Abuse and Neglect**
- **24/7 1-800-842-2288**
- The Careline (formerly “Hotline”) received approximately 96,000 calls in CY2012. Of those, 45,748 were reports, and 27,354 reports were investigated. Of these investigations, 97% were commenced in a timely manner and 92% were completed within 45 days.
- In SFY2012, 1,387 allegations of physical and sexual abuse were substantiated as were 16,803 allegations of physical, emotional, educational and/or medical neglect.
- Approximately 70% of reports come from mandated reporters – persons who under CGS § 17a-101(b) must report, including:
 - Medical professionals;
 - School officials;
 - Law enforcement;
 - Social workers;
 - Psychologists;
 - Clergy;
 - Day care staff; and
 - Others identified by the statute.

Strengthening Families Practice Model

- Experience and research indicate that the quality of family participation is the single most important factor in the success of our interventions.
- The Strengthening Families Practice Model and Differential Response – which is an important component of the practice model -- will substantially improve how we support families to take control and responsibility of their own treatment and their own lives.
- Trained 2,000 DCF employees in the new Strengthening Families Practice Model
- Statewide implementation began earlier this year.

Strengthening Families Practice Model Components

- Family Engagement
- Purposeful Visitation
- Family Centered Assessments
- Supervision and Management
- Child and Family Teaming
- Effective Case Planning
- Individualizing Services

Differential Response System (DRS)

- On March 5, 2012, CT DCF launched the capacity to treat reports differently based on the level of risk.
- 30 jurisdictions have this dual or alternate response system.
- Studies indicate lower rates of removals and repeat maltreatment and greater family satisfaction – with no decrease in safety.
- The dual-track system enables DCF to respond to low and moderate risk families in a less adversarial manner shown more effective in dealing with prevalent issues of neglect and poverty.
- The Careline initially determines the track: investigation or assessment.
- Area offices utilize nationally-established, evidence-based tools to determine safety and risk levels and either confirm or override the initial determination of the assessment track.
- If a child is found to be unsafe, the case is switched to investigations.

DRS: The Traditional Investigations Track

- High-risk cases, as well as cases with police involvement, sexual abuse and serious physical abuse, or multiple reports receive traditional forensic-style investigations.
- Investigations occur within 45 days, include contacts with collaterals (medical, educational) & interviews with all household members.
- Result is either a substantiation with an identified perpetrator (approx. 25% of investigations) or an unsubstantiation.
- Both substantiated and unsubstantiated investigations can be transferred to services.

DRS: The Family Assessment Response (FAR)

- An alternative to the traditional investigation for reports involving low and moderate levels of risk
- Not an investigation focused on an accusation
- Does not identify a perpetrator
- Does not substantiate abuse or neglect
- Not compulsory or forensic

DRS: FAR

- The Family Assessment Response is a strengths-based, family –focused model that works together with families to identify their strengths and needs and to help connect families with services and supports in the community.
- The FAR track relies upon family participation in assessing strengths and needs.
- FAR utilizes a Family Team Meeting to engage the family in the assessment, planning and treatment.
- FAR utilizes a strengths-focused approach that looks to the natural supports in the family and the community.
- If the family wishes to participate and there is a need for continued support, the family will be transferred to a community partner agency and DCF will close its case.
- If a safety factor has been identified, DCF will continue case management.

DRS: FAR

- In 2012, 36% of accepted reports were tracked to FAR
- FAR is used for families at low or moderate risk unless any of 15 “rule outs” apply. Rule outs include:
 - Potential criminal child abuse or neglect
 - Sexual abuse
 - Open protective service cases
 - Incapacitated caregiver
 - Newborn or mother of newborn with positive drug screen
 - Two or more substantiated investigations in the last 12 months
 - Previous adjudication of abuse/neglect
 - Previous risk assessment of high

Academy for Family and Workforce Knowledge and Development

- Builds upon original Training Academy by integrating the Provider Academy, advocacy groups, community service providers, professional organizations, State agencies and universities.
- Reflects the belief that collaboration among interdisciplinary professionals (1) improves services and client outcomes and (2) ensures that workforce knowledge and development remains a continuous and coordinated process within and across agencies.
- In addition to mandatory 10-month training modules for all new social workers, new offerings include (1) strengthening families through engagement; (2) purposeful visits and family-centered assessments; (3) fatherhood engagement; and (4) human trafficking.
- Concentrated efforts on a 5-day program supporting the "Strengthening Families" Practice Model. The first three days, referred to as the "Partners in Change" (PIC) training, focuses strengths-based, family-centered practice. The training emphasizes six "principles of partnership":
 - Everyone has strengths;
 - Everyone desires respect;
 - Everyone deserves to be heard;
 - Judgments can wait;
 - Partnership is a process; and
 - Partners share power.
- Regional staff also attend a two-day training on family-centered assessment and purposeful visitation. This training covers the assessment of protective factors and capacities -- both of which are prominent features of the national Strengthening Families model. It also teaches use of assessment tools to holistically gather information and assess child and family needs. As of the end of 2012, more than 1,250 staff participated in the two-day training.

Strengthening Families Commissioner Directives

- Announced visits whenever possible consistent with child safety
- Out-of-state placements must receive Commissioner approval
 - Out-of-state placements fell to 70 as of yesterday (January 23, 2013) compared to 364 on January 1, 2011 – a reduction of 81%
- Increase placements with relatives
 - Prior to the present administration, CT lagged far behind the national average in using relatives as a resource for children in care.
 - Work with the **Child Welfare Strategy Group of the Annie E. Casey Foundation** identified improvements in the licensing process. Staff training was conducted, and resource guides for staff and relatives were produced.
 - In December 2012, 40% of the children who entered care were placed with a relative.
- Reduce the use of congregate settings for children – especially young children
 - 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.
 - # of children ages six and under in congregate care settings declined to 6 in January 2013 compared to 38 in January 2011.
 - # of children ages 12 and under declined to 60 in January 2013 compared to 201 in January 2011.

Team Decision Making/ Child and Family Teaming

- Working together with the Annie E. Casey Foundation, the Department is implementing Team Decision Making (TDM), a process that convenes families, their natural supports, service providers, and DCF staff to identify strength-based solutions and enhance case planning and outcomes for children.
- The Department first used TDM to significantly reduce the use of congregate care for younger children and now is using this process to transition older children to lower levels of care.
- Also known as Child and Family Teaming, the process is a core component of the Strengthening Families Practice Model and will be expanded for use with families at the point when decisions are made about removing children from their homes and throughout the life of a case when developing and implementing components of a family's case plan.
- The Annie E. Casey Foundation's Child Welfare Strategy Group is working with groups of staff at all levels and from all disciplines to develop Connecticut's teaming model.
- This includes a review of current policies and practices, the development of a training curriculum and coaching for staff in the area offices. All-staff training will begin and the full continuum of teaming meetings will be ready for implementation in early 2013.

Medical Guidelines

Guidelines for Optimal Child Abuse Screening

- Improve screening by Emergency Department triage nurses through education and/or adoption of a formal screening process.
- Improve physician recognition of red flags of child abuse through continuing education and hospital grand rounds and seminars provided by professional societies and associations.
- Overcome physician and nursing barriers to reporting cases of suspected child abuse.
- Clinical evaluation of pediatric patients (under 6 years old) with significant traumatic injuries should include removal of clothing (to permit thorough physical examination) and evaluation of their available medical record to identify prior visits with suspicious/unexplained injuries.
- Evaluate the DCF Sentinel Injury Project as a way to identify abuse cases before children present with more serious injuries.

DCF's New Health Framework

- A new Health and Wellness Unit reporting directly to Deputy Commissioner.
 - Reflects a higher priority for child health and wellness
 - Goal is to collaborate with our community providers for services and guidance around children's needs.
 - Includes education for medical providers about DCF and the needs of children and families we serve.
- Developing a "health advisory board" comprised of members of CT Chapter of American Academy of Pediatrics and CT Council of Child and Adolescent Psychiatry, DSS, DPH, and DDS to help guide development and implementation of policy and practice pertaining to health of children in our care
- Establishment of regional system of providers who will work with our DCF regions to ensure access to services for children in our care. Goal is to develop practices consistent with AAP and Child Welfare League guidelines for health care. We will be holding 'get togethers' in regions to build relationships.
- Recently re-procured Multi-Disciplinary Examinations (MDE) to include a new requirement that MDE clinics communicate with a child's Primary Care Provider (PCP) before MDE and that they also provide them with copy of the MDE report. Expectation that Area Office Regional Resource Group nurse will work with PCP to review MDE and develop recommendations for a child's treatment plan.

DCF Community Behavioral Health and Substance Abuse Services

3 largest programs provide more than 37,000 episodes of care annually

Service	Episodes
Psychiatric outpatient clinics for children	22,000+
Emergency Mobile Psychiatric Crisis Service (EMPS)	13,000+
IICAPS (Intensive In-home psychiatric services)	2,000

Numerous Federal grants and research partnerships

- Federal ACF \$3.2 million Trauma Services in Child Welfare grant
- 2 NIDA funded research projects on effectiveness of adaptations of evidence-based models (MST and MDFT).
- 2 federal SAMHSA Service to Science Awards with Yale and CHDI
- \$5 million, 5-year ACF funded supportive housing grant

DCF Voluntary Services

- The Voluntary Services program is a DCF operated program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency.
- The Voluntary Services Program emphasizes a community-based approach and coordinates service delivery across multiple agencies.
- Parents and families are critical participants in this program and are required to participate in the planning and delivery of services for their child or youth.
- The Voluntary Services Program is designed for children and youth who have behavioral health needs and who are in need of services that they do not otherwise have access to. Parents do not have to relinquish custody or guardianship under this program.
- 1,569 families (unduplicated count) were served in SFY12.

In-Home/Community-Based Behavioral Health Services

- **Outpatient Psychiatric Clinics for Children**
 - A multi-disciplinary team of psychiatrists, psychologists, APRNs, clinicians and case managers at 26 contracted outpatient clinics provide psychosocial assessments, psychiatric evaluations/medication management, and clinical treatment through individual, family and group therapies
 - In SFY 2012, the outpatient clinics served 22,402 children and their caregivers.
- **Emergency Mobile Psychiatric Services (EMPS)**
 - EMPS Crisis Intervention Service is Connecticut's crisis intervention service for children and their families. More than 90% of children are seen at their home, at school or in the community and 85% within 45 minutes of receiving the crisis call.
 - More than 13,814 calls to the EMPS system SFY2012, which developed into 10,560 episodes of care.
- **Intensive In Home Child & Adolescent Psychiatric Services (IICAPS)**
 - A 6-month home-based intervention addressing psychiatric disorders of the child, problematic parenting and other family challenges that affect the child and family's ability to function. Teams of professionals average 4 to 6 hours per week of intervention with the child and caregivers to prevent hospitalization or to return the child to community based outpatient care.
 - Serves approximately 2,000 families annually.
- **Care coordination**
 - Care coordination uses an evidenced-based child and family wraparound team meeting process to develop a plan of care that uses both the formal and informal network of care to meet the identified needs of the child and family.
 - Serves about 1,200 families annually.

In-Home/Community-Based Behavioral Health Services

- **Family advocacy**
 - Family advocates provide support and assistance to the parent/caregiver of a child with a serious mental or behavioral health need. The family advocate works with the care coordinator (above) in the child and family wraparound team meeting process and focuses on providing support to the parent/caregiver. Capacity to serve more than 400 families annually.
- **Extended day treatment**
 - A multi-disciplinary team of psychiatrists, APRNs, clinicians and direct care staff at 19 program sites deliver an array of integrated behavioral health treatment through individual/family/group therapies, therapeutic recreation, and rehabilitative support services, for a minimum of 3 hours per day/5 days per week through a milieu-based model of care.
 - In SFY2012, this program served 1,134 children/youth and their caregivers.
- **Community Bridge**
 - Youths and families receive intensive in-home therapeutic support on a 24/7 basis from a clinical team of licensed clinicians and paraprofessional mental health support workers. The clinical team engages with family members and provides necessary support to the youth in all aspects of community functioning for up to 2 years. Youth without adequate family resources are served in foster homes. The community based service is supplemented by the availability of brief residential placement for purposes of assessment and behavior stabilization.
 - This prototype run by the Village for Children and Families in Hartford has provided clinical interventions to 20 youth and families in its first five months of operation.
- **Respite care**
 - Respite care is a non-clinical intervention, which provides stress relief to parents of children and youth who have serious mental or behavioral health needs. Community or home-based respite is provided for up to 4 hours per week for 12 weeks. Annual capacity: 250 children

In-Home/Community-Based Behavioral Health Services

- **Functional family therapy**
 - An empirically grounded, family-based intervention to improve family communication and supportiveness while decreasing negativity, delivered within the family setting by 4 providers, 5 teams that are grant-funded. 519 youth and their caregivers received services in SFY2012.
- **Multi-dimensional family therapy (MDFT), including “special population”**
 - Family-based intensive in-home treatment for adolescents with significant behavioral health needs and either alcohol or drug related problems, or who are at risk of substance use. Provides individual, caregiver and family therapy, and case management. 713 families received services in SFY2012.
- **Multi-systemic therapy (MST)**
 - Intensive family- and community-based treatment program that addresses environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighborhoods and friends. 215 families received services in SFY2012.
- **Multi-systemic therapy (MST) for special populations**
 - Special populations include problem sexual behavior, transition age youth, and parole youth re-entering the community. 112 youth and families received services in SFY2012.
- **Multi-systemic therapy (MST) “Building Stronger Families”**
 - Intensive in-home treatment for families with maltreatment and substance abuse issues. 24 families received services in SFY2012.

In-Home/Community-Based Behavioral Health Services

- **Re-entry and family treatment**
 - MDFT for parole youth with substance abuse treatment needs. An estimated 75 youths received services in SFY2012.
- **Recovery case management for families with substance abuse**
 - Intensive recovery support services for families with children at risk for removal or at the point of removal. Annual capacity: 330 families
- **Family-based recovery**
 - Intensive in-home family treatment combining evidence-based substance abuse treatment with a preferred practice to enhance parenting and parent-child attachment. Annual capacity: 144 families
- **Juveniles Opting To Learn Appropriate Behaviors (JOTLAB)**
 - Rehabilitative treatment for youth with problem sexual behaviors that provides comprehensive clinical evaluation, individual psychotherapy, family counseling, psycho-educational therapy groups, and social skills building groups. In SFY2012, 99 children and their caregivers received services.
- **Integrated family violence program**
 - In-home and clinic-based services for families where domestic violence has been identified. Core services include safety planning for survivor and child, trauma focused work with children, interventions focused on repairing and healing relationships, and batterer interventions. Annual capacity: 360 families
- **Adolescent substance abuse outpatient**
 - Substance abuse screening/evaluation, individual, group and family therapeutic interventions in a clinic based setting. 358 adolescents received services in SFY2012.

Early Identification of Problems/ Trauma Informed Practice

- Executed MOU with the Department of Developmental Services to implement federally mandated referrals to the Connecticut IDEA Part C Birth to Three System
- Implemented federal grant to expand access to Head Start programs for DCF young children
- Launched *First 1000 Days: Getting it Right from the Start*, an initiative with Governor's Office and six state agencies to identify the state's most vulnerable young children and expand coordinated access to family-based intervention and prevention services.
- Provided state funding for *Child FIRST*, an evidence-based early intervention program for very young children and their families with significant mental health and child welfare needs
- Initiated implementation of a five-year, \$3.2 million federal competitive grant award to expand trauma-training and evidence-based trauma practice and programs

Fatherhood Matters

- Research indicates that the unique way fathers interact with their children contributes to the healthy development of children from infancy through early adulthood.
- Fatherhood engagement is a critical component of family-centered practice.
- The overarching goal is to promote positive outcomes for children through the meaningful involvement of fathers.
- Over 80 community fathers have participated in regional Fatherhood Listening Forums to better understand fathers within cultural and community contexts.
- Key areas of practice include engaging non-resident and incarcerated fathers.
- Some additional areas of emphasis in case practice have been:
 - Early and ongoing efforts to identify, locate, and engage fathers;
 - Assessing the needs and strengths of fathers as a crucial piece to a holistic assessment of risk and protective factors;
 - Exploring the attitudes, perceptions and personal biases held by both agency staff and community fathers;
 - Establishing Fatherhood Engagement Leadership Teams (FELT) in the regional offices
 - Forming partnerships with community provider agencies to offer support services; and
 - Coordinating learning forums across sister agencies and New England child welfare jurisdictions aimed at sharing successes, challenges, and lessons learned.

Prevention

- **Keeping Infants Safe and Secure (KISS)**
 - CT Shaken Baby Prevention and Safe Sleep Initiative. Involves multiple agencies, increasing public awareness, training to providers and public
- **Circle of Security**
 - Attachment-based parenting program for parents and children statewide
- **Parents with Cognitive Limitations:**
 - Support of parents with cognitive limitations and their families statewide
- **DCF Supportive Housing for Families**
 - Provides housing assistance and intensive case management services to DCF families who are homeless or at risk of homelessness. Serves 500 DCF families statewide. New \$5 million, 5-year grant from ACF to expand and enhance services won September 2012.
- **DCF Young Adult Supportive Housing Pilot**
 - Provides housing assistance and case management to 36 DCF youth annually who are homeless or at risk of homelessness.

Prevention

- **Positive Youth Development Initiatives**

- Afterschool programs for youth 8-14 or older to prevent children from entering the DCF system
- Support parenting, provide recreational and enrichment activities for children, tutoring, social skill building, parent engagement and support

- **Early Childhood Consultation Partnership**

- DCF funded statewide mental health consultation services to pre-schools, Head Start, providers etc. Also works with foster children and families.
- Served 12,350 children and 715 separate centers between 2003-2010.

- **DCF-Head Start partnership:**

- All 14 DCF Area Offices have established and strengthened a working partnership with Head Start and Early Head Start programs.
- Goal is to ensure children's access to high-quality early care and education, enhancing stability and supports for young children and families, and preventing family disruptions and foster care placements

- **Early Childhood Parents in Partnership:**

- Provides in-home and community-based support and intervention to strengthen parenting practices in high-risk families.

2013 DCF Legislative Agenda

- Addressing the Medical and Educational Needs of Children
- Victims of Sex Trafficking
- Responsibilities of Mandated Reporters of Child Abuse and Neglect
- Revising Various Statutes Concerning the Department of Children and Families
- Family Assessment Response Cases
- Due Process Rights for Individuals Placed on the Child Abuse and Neglect Registry
- Interview of Children by the Department of Children and Families During Investigations of Child Abuse and Neglect

DCF Challenges

- Foster care
- Supporting relative care
- Community based services, especially in certain parts of the state
- Congregate care length of stay, especially in programs designed for temporary care
- Case planning
- In-state programs for children with intensive needs
- Spirited girls
- Adolescent transition

Strengthening Families Everyone's Business

- Families
- Children
- Natural supports: coaches, mentors, teachers
- Schools
- Communities
- Service providers
- Law enforcement
- Medical
- Courts
- State and local government
- DCF