

Connecticut Department of Children and Families



At a Glance

Executive Staff

- **JOETTE KATZ, Commissioner**
- **Fernando Muñiz, Deputy Commissioner**
- **Michael Williams, Deputy Commissioner**
- **Susan Smith, Chief of Quality and Planning**

Established - 1970

Statutory authority - CGS Chap. 319

Central office - 505 Hudson Street, Hartford, CT 06106

Average number of full-time employees - 3,003

Recurring operational expenses - \$796,171,004

Organizational structure -

- **Office of the Commissioner**
- **Division of Operations**
- **Division of Quality Improvement and Planning**
- **Division of Finance and Human Resources**

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.

Seven 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;
- *Addressing racial inequities in all areas of our practice*;
- *Development* of stronger community partnerships;
- *Improvements* in leadership, management, supervision and accountability; and
- *Establishment* of a Department culture as a learning organization.

Regional/Area Offices

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

Facilities

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

DEPARTMENT DATA AND INFORMATION

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 14,500 cases are open on a given day.
- Approximately 2,000 investigations and 1,000 family assessments are underway at a point in time.
- Approximately 4,200 children are in some type of placement.
- Positive Trend: There are 519 fewer children in care as of July 1 2016 compared to January 2011. That is a reduction of 10.9 percent.
- Adoptions were finalized for 465 children, and subsidized guardianships transferred for 251 children during SFY2016.
- Positive Trend: The % of children overall placed with relatives or someone else they know (kin) has risen to 42.3% in July 2016 compared to 21% in January 2011. This is the

highest percentage on record and, the percentage of children in kinship homes now exceeds children in traditional (non-kinship) foster homes.

- Education: Post secondary (2 or 4 year colleges or other full time school) program provided financial support for 565 youths in SFY 16 up to age 23.

Reports of Abuse and Neglect

The Careline (formerly “Hotline”) received approximately 90,490 calls in CY2015, 88,550 calls in CY2014 and 89,355 calls in CY2013. Of the calls in CY2015, 51,339 were reports of abuse and/or neglect, and 29,278 were accepted for investigation. The acceptance rate was 57 percent,

In SFY2015, 972 allegations of physical and sexual abuse were substantiated, and 11,330 allegations of physical, emotional, educational and/or medical neglect were substantiated. In SFY2014, 1,020 allegations of physical and sexual abuse were substantiated as were 13,231 allegations of physical, emotional, educational and/or medical neglect.

Adoptions and Subsidized Guardianships

In SFY2016, adoptions were finalized for 465 children. Guardianship was transferred for an additional 251 children whose new family is receiving a subsidy from the Department.

Supporting Success through Post-Secondary Education

565 youth attended a post-secondary education program with the department's support in SFY2016.

IMPROVEMENTS/ACHIEVEMENTS 2015-2016

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.
- Statewide implementation began in 2011 under the current administration.

The core components of the practice model include:

- 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 its Differential Response System (DRS) -- 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: Traditional Investigations

- 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 or an unsubstantiation.
- Both substantiated and unsubstantiated investigations can be transferred to services.

DRS: Family Assessment Response (FAR)

- The Family Assessment Response (FAR) track is 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
- FAR 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.
- From March 2012 through December 2015, more than 31,000 families have received a family assessment response (FAR).
- In Calendar Year 2015, nearly 44% of accepted reports were assigned to the FAR track.
- FAR is used for families at low or moderate risk unless any of the “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

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 10 as of July 1, 2016 compared to 362 on January 1, 2011 – a reduction of 97%.
- Reduce the use of congregate settings for children – especially young children
 - Team Decision Making/Child and Family Team Meetings– initially for younger children and, subsequently, for adolescents -- brought together families and natural supports in a strength-based, solution-focused effort to find family settings for children in congregate care.
 - The percentage of children in congregate care as of July 1, 2016 declined to 10.9% compared to 29.8% of all children in care on January 1, 2011. There are 67% fewer children in group settings.
 - # of children ages six and under in congregate care settings declined to 4 as of July 1, 2016 compared to 38 in January 2011.
 - # of children ages 12 and under declined to 23 as of July 1, 2016 compared to 200 on January 1, 2011.

Strengthening Families Commissioner Directive: Relative and Kinship Care

- 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. Research indicates that children in relative and kinship homes have greater stability and permanency as well as greater prospects for remaining with siblings.
 - Relative care was made a top priority in January 2011. A staff directive followed to make relative care and kinship care the expected option when a child must enter 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.
 - As a result, changes to expedite assessments of kinship homes, to license homes with only technical barriers to licensing, and to institute quality improvement systems also were implemented.
 - The % of children overall placed with relatives or someone else they know has risen to 42.3% in July 2016 compared to 21% in January 2011. This is the highest percentage on record, and the percentage of children in kinship homes now exceeds children in traditional (non-kinship) homes.

Considered Removal Child and Family Team Meeting (CR-CFTM)

- Effective February 11, 2013, Commissioner Katz directed the Department to hold a child and family team meeting when staff are considering the removal of a child.
- The meetings are to occur prior to the removal or, where that is not possible consistent with child safety, within 48 hours of the removal. Families are asked to invite anyone in their extended family or network of supports who might help resolve the underlying challenges.
 - In Calendar Year 2015, 2,418 children were the subject of a Considered Removal Child and Family Team Meeting (CR-CFTM). Seventy-six (76) percent of those meetings were held prior to removal.
 - Of the meetings held prior to removal, only 29.5% recommended removal.
 - When placement is recommended, 74% of children are recommended for placement with relatives/kin.
 - Of the 30% of children recommended for removal, 90.4% entered care and 9.6% did not enter care. Overall, the recommendations of the CR-CFTM were consistent with the removal decision.

Performance Expectations

The Department is committed to accountability in its work and to evaluating its effectiveness based on success in achieving critical outcomes for children and families. Results Based Accountability (RBA) provides the mechanism for this public accountability, and the Department has embraced it as an effective way to evaluate and present the outcomes of the agency's performance.

Since 2012, the Department of Children and Families has applied an RBA framework to its work -- both internally through its strategic planning work and externally with its provider partners and contracted services. In calendar years 2014, 2015, and 2016, the Commissioner established annual performance expectations that are based on the agency's strategic plan. As a part of this process and to generate plans and action steps to improve outcomes, all regions, facilities, and operating divisions developed operational strategies to meet the Commissioner's performance expectations. The report card, below, demonstrates overall performance on the performance expectations for Calendar Year 2015.

During the past three years, the Department has put significant effort into developing RBA performance measures for all of its contracted services. This work is largely completed, with a small group of programs remaining that are currently being redesigned or will be re-procured in the near future, and for which RBA performance measures will be included in the program development process.

The Department began developing and reviewing quarterly RBA report cards in 2015 for its contracted services and is using these data as a key tool in managing and improving performance of its contracted services.

2015 Performance Expectations

1. [Successfully exit from Juan F. Consent Decree](#)
2. [Ensure children reside safely with families whenever possible](#)
3. [Achieve racial justice across the DCF system](#)
4. [Prepare children and adolescents in care for success](#)
5. [Prepare and support the workforce to meet the needs of children and families](#)

1. Successfully exit from Juan F. Consent Decree

Performance Measure (Click on any measure for a Trend View)	CY 2015 Annual	CY 2016 Target	CY 2016 Quarter 1	CY 2016 Quarter 2	CY 2016 Quarter 3	CY 2016 Quarter 4
<i>Sustain pre-certified measures (OM 4, 5, 6, 7, 8, 10, 12, 14, 16, 19, 20, 21, 22-Relative Search, In and Out of Home Repeat Maltreatment, Timely Adoptions, Siblings Placed Together, # of Placements, Placements in licensed Homes, Child in Placements Visits, Residential Treatment Reduction, Appropriate Discharges, Referrals to DMHAS and DDS, Multidisciplinary Medical and Dental Evaluations)</i>	Pre-certified	Sustain				
Outcome Measure #1 (Commencement of Investigation)	95.6%	90%	95.1%	95.2%	95.7%	97.1 %
Outcome Measure #2 (Completion of Investigations)	79.0%	85%	85.6%	88.9%	86.0%	93.5%
Outcome Measure #3 (Case Planning)	46.5%	90%	47.2%	--	50.9%	44.4%
Outcome Measure #9 (Transfer of Guardianship)	72.0%	70%	77.8%	66.7%	75.7%	83.1%
Outcome Measure #11 (Re-entry)	6.1%	< 7%	5.0%	5.8%	4.1%	6.4%
Outcome Measure #15 (Needs Met)	58.6%	80%	47.2%	--	60.4%	55.6%
Outcome Measure #17 (In Home Visitation)	83.9%	85%	86.1%	89.2%	87.5%	85.9%
Outcome Measure #18 (Caseloads)	87.4%	100%	90.6%	100.0%	99.8%	100%

2. Ensure children reside safely with families whenever possible

Performance Measure (Click on any measure for a Trend View)	CY 2015 Annual	CY 2016 Target	CY 2016 Quarter 1	CY 2016 Quarter 2	CY 2016 Quarter 3	CY 2016 Quarter 4
Percent of children in relative or special study placements	34.20%		35.40%	36.25%	38.93%	39.97%
Percent of children in DCF care, kinship, or therapeutic foster care	78.40%		79.90%	80.46%	81.13%	81.23%
Total number of children in placement	4,029		4,021	4,000	4,003	3,991
Percent of children in placement in Congregate Care	18.70%		15.70%	14.50%	13.67%	13.50%
Percent of children placed with kin at Entry	38.70%		37.80%	49.27%	45.00%	36.67%

3. Achieve racial justice across the DCF system

The Disparity Index score is a multiplier which indicates how much more likely one group of children is to experience a particular thing, as compared to non-Hispanic white children. If, for example, Hispanic children have a disparity index score of 2.0 for the measure “Children referred as alleged victims,” it can be said that they are 2.0 times as likely as non-Hispanic white children to be referred as alleged victims. It does not mean that two times as many Hispanic children are being referred as non-Hispanic white children. And when the rate goes down, it does not mean that fewer children are being referred; rather, it means that referral rates are moving towards parity.

Performance Measure <i>(Click on any measure for a Trend View)</i>	Race	CY 2015 Annual	CY 2016 Target	CY 2016 Annual			
The Disparity Index for alleged victims in Family Assessment Responses (FAR)	Hispanic/Latino, Any Race	1.7	1				
	Non-Hispanic, Black / African American	1.9	1				
	Non-Hispanic, Other	1.7	1				
The Disparity Index for alleged victims in CPS Investigations	Hispanic/Latino, Any Race	2.0	1	2.6			
	Non-Hispanic, Black / African American	2.6	1	2.9			
	Non-Hispanic, Other	1.9	1	1.8			
The Disparity Index for substantiated victims	Hispanic/Latino, Any Race	2.3	1	2.6			
	Non-Hispanic, Black / African American	2.8	1	1.9			
	Non-Hispanic, Other	2.1	1	3.0			
The Disparity Index for children in cases opened for services	Hispanic/Latino, Any Race	2.3	1	2.5			
	Non-Hispanic, Black / African American	2.9	1	1.8			
	Non-Hispanic, Other	2.0	1	3.0			
The Disparity Index for children entering care	Hispanic/Latino, Any Race	2.6	1	3.0			
	Non-Hispanic, Black / African American	3.5	1	1.8			
	Non-Hispanic, Other	2.3	1	3.3			
The Disparity Index for children in DCF care	Hispanic/Latino, Any Race	2.6	1	2.7			
	Non-Hispanic, Black / African American	3.7	1	1.6			
	Non-Hispanic, Other	1.9	1	4.0			
The Disparity Index for children in residential care	Hispanic/Latino, Any Race	2.3	1	2.7			
	Non-Hispanic, Black / African American	4.7	1	1.6			
	Non-Hispanic, Other	2.0	1	4.0			
The Disparity Index for children committed delinquent	Hispanic/Latino, Any Race	4.7	1				
	Non-Hispanic, Black / African American	13.7	1				
	Non-Hispanic, Other	3.1	1				
<p>The following three indices are calculated differently from the ones above; where those above use the overall demographics of children in Connecticut as a comparison point, the following three use the demographics of the population of children committed delinquent. This is intended to better capture how well DCF serves this particular population.</p>							
The Disparity Index for children committed delinquent and placed in secure treatment	Hispanic/Latino, Any Race	2.6	1				
	Non-Hispanic, Black / African American	2.7	1				
	Non-Hispanic, Other	1.8	1				
The Disparity Index for children	Hispanic/Latino, Any Race	0.5	1				

committed delinquent and placed in congregate care	Non-Hispanic, Black / African American	0.5	1				
	Non-Hispanic, Other	0.7	1				
The Disparity Index for children committed delinquent and placed on parole	Hispanic/Latino, Any Race	0.8	1				
	Non-Hispanic, Black / African American	0.7	1				
	Non-Hispanic, Other	0.9	1				

4. Prepare children and adolescents in care for success

Performance Measure <i>(Click on any measure for a Trend View)</i>	CY 2015 Annual	CY 2016 Target	CY 2016 Quarter 1	CY 2016 Quarter 2	CY 2016 Quarter 3	CY 2016 Quarter 4
Percent of 13+ children with preferred Permanency plans (13-17 and 18+ average)		100%	40.5%	52.83%	57.74%	46.02%

5. Prepare and support the workforce to meet the needs of children and families

Performance Measure <i>(Click on any measure for a Trend View)</i>	CY 2015 Annual	CY 2016 Target	CY 2016 Quarter 1	CY 2016 Quarter 2	CY 2016 Quarter 3	CY 2016 Quarter 4
Percent of newly-hired social workers with MSWs or BSWs	62%	100%	38%			
Percent of Supervisors Trained in the Supervision Model	98.20%	100%				
Percent of Program Managers Trained in the Supervision Model	60.75%	100%				