

Connecticut Department of Children and Families



Vannessa Dorantes, Commissioner

Jodi Hill-Lilly, Deputy Commissioner

Michael Williams, Deputy Commissioner

Established - 1970

Statutory Authority - CGS Chap. 319

Central Office: 505 Hudson Street, Hartford, CT 06106

Average number of full-time employees – 2805

Recurring Operational Expenses SFY20 \$746,526,091

Organizational Structure

- Office of the Commissioner
- Administration
- Operations
- Strategic Planning
- External Affairs
- Legal Director
- Chief of Child Welfare
- Assistant Chief (Regions 1 & 5)
- Assistant Chief (Regions 2 & 3)
- Assistant Chief (Regions 4 & 6)

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

- 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

Mission

"Partnering with communities and empowering families to raise resilient children who thrive."

Five Strategic Goals

- *Keep children and youth safe, with focus on most vulnerable populations.*
- *Engage our workforce through an organizational culture of mutual support.*
- *Connect systems and processes to achieve timely permanency.*
- *Contribute to child and family wellbeing by enhancing assessments and interventions.*
- *Eliminate racial and ethnic disparate outcomes within our department.*

The mission and vision are grounded in a core set of beliefs that encompass the Department's vision for how to provide services to Connecticut's children and families. The Department is aligning all efforts with 7 Key Performance Indicators to ensure that the best outcomes are reached for all children.

Seven Key Results

- *Children are able to live safely with their families*
- *Children will live with relatives, kin, or someone they know*
- *Children will live with a family*
- *Children will be in congregate care settings rarely and briefly*
- *Children will experience timely permanency*
- *Children in care will be better off*
- *Youth who age out will be prepared for success*

Statutory Responsibility

The Connecticut Department of Children and Families (DCF) is a consolidated child welfare agency, having responsibility for prevention, child protective services, children's behavioral health and education. The primary beneficiaries of services are the children and families of Connecticut who are served in some capacity by the Department each year.

As the Department continues to work to improve services to families and children, there will be increased emphasis on partnership and collaboration, through focusing on prevention and early intervention. The recently approved Family First Prevention Services Act (FFPSA) requires the system to explore promising practices and evidence-based practices for children and families across the state's various human services systems. The shift will be from a system focused primarily on child protection to a collaborative child welfare system focused on prevention and early intervention.

Department Data and Information

Children and Families served

- At any point in time, the Department provides direct services to approximately 20,000 children and 9,100 families across its programs and mandated areas of service.
- Approximately 9,100 cases are open on a given day.
- Approximately 1,200 investigations and 2,000 family assessments are underway at any point in time.
- Approximately 3,700 children are in some type of placement.
- Positive Trend: There are 1,004 fewer children in care as of July 1, 2021 compared to January 2011. That is a reduction of 21.2 percent.
- Adoptions were finalized for 306 children, and subsidized guardianships transferred for 270 children during CY2020.
- Positive Trend: The % of children overall placed with relatives or someone else they know (kin) has risen to 42.8% in July 2021 compared to 21% in January 2011.

Reports of Abuse and Neglect

- The Careline received approximately 85,971 calls in CY2020, compared to 99,339 calls in CY2019, 102,509 calls in CY2018, 90,752 calls in CY2017, 89,845 calls in CY2016, 87,953 calls in CY2015, and 87,825 calls in CY2014.
- In CY 2020, there were 51,932 total reports made to the Careline, of which 41% were accepted.
- Mandated reporters accounted for 83% of those reports.

Below are the number of Child Protective Services (CPS) Reports from the calendar years 2014 through 2021. Those numbers are:

Year	Total Reports	Total MR	% MR	Total Accepted	% Accepted
2014	49,938	38,007	76.1%	29,849	59.8%
2015	51,339	39,793	77.5%	29,278	57.0%
2016	52,417	40,979	78.2%	30,663	58.5%
2017	54,165	43,814	80.9%	31,299	57.8%
2018	59,152	49,825	84.2%	28,748	48.6%
2019	67,518	58,043	86.0%	29,127	43.1%
2020	51,932	43,034	82.9%	21,266	41.0%

In December 2018, an Online Reporting Pilot was initiated for Mandated Reporters from schools for lower risk CPS Reports. The online reporting functionality is currently being built through the development of the new DCF system, CT-KIND (Kid's Information Network Database). Once online reporting is fully integrated, it is anticipated the call volume will decrease with CPS Reports being filed online without the need to call the Careline. This presents as a good opportunity to start shifting the conversation around volume from "calls" to "reports" and show a trend more indicative of the Department's interaction with the community.

Additionally, there were 12,425 substantiated allegations of abuse and/or neglect in CY2020, and 15,735 unsubstantiated allegations of abuse and/or neglect. Of the total number, 44% resulted in a substantiation of abuse and/or neglect, and 56% were unsubstantiated.

Improvements/Achievements 2020-2021

Commissioner's Organizational Strategy and Agency Key Results

The Department's overall agency strategy is built around seven key results which identify targeted, measurable outcomes that our core operational functions will work to deliver. These results are deliberately aspirational. As part of a larger child welfare system, DCF will work in partnership to ensure a holistic understanding of what children and families deserve from us. The seven key results are:

- Children are able to live safely with their families.
- Children will live with relatives, kin or someone they know.
 - o Relative care was made a top priority in January 2011 and continues to remain a priority across the agency.

- The % of children overall placed with relatives or someone else they know has risen to 42.8% in July 2021 compared to 21% in January 2011.
- o 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.
- o Changes to expedite assessments of kinship homes, to license homes with only technical barriers to licensing, and the instituting of quality improvement systems were also completed.
- Children will live with a family
 - o Reduce the use of congregate settings for children – especially young children.
 - The percentage of children in congregate care as of July 1, 2021 declined to 6.8% compared to 29.8% of all children in care on January 1, 2011.
 - The number of children ages six and under in congregate care settings declined to 2 as of July 1, 2021 compared to 38 on January 1, 2011.
 - The number of children ages 12 and under declined to 17 as of July 1, 2021 compared to 200 on January 1, 2011.
 - Out-of-state placements fell to 5 as of July 1, 2021 compared to 362 on January 1, 2011
 - 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.
- Children will experience timely permanency
- Children in care will be better off- healthy, safe, smart and strong
- Youth who age out will be prepared for success

Connecticut Family First Prevention Plan

The Department of Children and Families led a collaborative process to develop the State of Connecticut's Family First Prevention Plan which was submitted to the Children's Bureau in July 2021.

The State of Connecticut's child welfare system values families and believes children are best served safely in their own homes. A strength of the system is a fundamental belief that the wellbeing of children and families is a shared responsibility amongst all members of the community. When a need is identified, families predominantly require local "support" versus government "surveillance."

The process to develop the plan included over 400 unique individuals, 10 sister state agencies as well as parents and youth with lived experiences. It outlines efforts to reimagine a system to deliver services to prevent children from being removed on families "known to" the Department and those families "upstream" that are likely to come to the Department's attention without proper supports.

We look forward to approval by the Children's Bureau in the next couple of months and then move towards implementation.

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 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, the Department of Children and Families launched its Differential Response System (DRS) which offers a Family Assessment Response (FAR) as an alternative to a traditional investigation response to reports of abuse or neglect if specific criteria are met.

Family Assessment Response:

- In CY 2020, of the total number of accepted reports, 47.5% were assigned to the FAR track.
- Since implementation, 66,922 families received a FAR.
- 73.4% of FAR families did not have a subsequent report within a 12-month period following FAR disposition.
- Statewide, 93.4% of FAR families did not have a Subsequent Substantiated Report (SSR) within a 12-month period following case disposition.

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

The Department continues to build a teaming continuum that ensures that child and family voices are heard throughout every stage of the child welfare process. The purpose of CR-CFTMs are to: bring family members to the table when DCF is initially considering removal of a child from the home using families' natural networks as resources to mitigate the safety factor and, when necessary, for placement; provide an opportunity to collaboratively plan with parents, legal guardians, children and professionals involved with the family to develop specific, individualized interventions for children and families; expand services and supports for families at the community level; and develop specific safety plans for children at risk of removal from their homes.

The following represents CR-CFTM data from January through August 3,2021.

- 1,349 child-specific meetings have been held, involving 756 families.
- 87.1% of meetings occurred prior to the child's removal.
- Of the meetings held prior to a removal, 80.0% did not recommend removal.
- Of those recommended for removal, 70.6% were recommended for placement with relatives/kin. This continues to be the primary placement recommended for children who are the subject of a CR meeting.

Integrated Family Care and Support Program (IFCS)

The Department of Children and Families, in partnership with Beacon Health Options, established a new program to empower and strengthen families accessing DCF funded services to address their needs. The program was developed with the belief that families would be better served in their own community without DCF involvement and aligns well with the Family First Legislation and our prevention mandate. Integrated

Family Care and Support (IFCS) was designed to engage families while connecting them to concrete, traditional and non-traditional resources and services in their community, utilizing a Wrap Around approach and philosophy.

The Department developed a staggered implementation plan informed by data, selecting regions with higher rates of unsubstantiated case transfers. Implementation began in February 2020 and as of May 2020, IFCS was implemented in all six Regions.

Outcome Measures for IFCS were established and focus on engagement, family satisfaction, reduction in child maltreatment and several performance indicators. The outcome measures for the program are as follows:

- a. 80% of accepted families develop a Plan of Care within 45 days of episode start date
- b. 80% of families who were engaged and discharged are satisfied with the IFCS program as evidenced by a Family Satisfaction Survey; and
- c. 85% of families who were engaged and discharged for any reason will not have a subsequent substantiated report within 6-months of their discharge from the IFCS program.

Between February 2020 and March 2021, 848 referrals were made to the program.

- 75.5% engaged in the program through the development of a Plan of Care
- 93.6% of families did not have a subsequent substantiated report during their involvement with IFCS
- 62.8% of families met their priority goals as a result of the intervention
- 96% of families did not have a subsequent substantiated report within 6 months of discharge
- At time of discharge, 93.4% of families were satisfied with the services they received

Voluntary Care Management Program

Beginning May 1, 2020, the Beacon Health Options Voluntary Care Management program assumed the responsibility of administering the Voluntary Services program from DCF. Voluntary Care Management is a DCF funded program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency. The Voluntary Care Management Program emphasizes a community-based approach and attempts to coordinate service delivery across multiple agencies while promoting positive development and reducing reliance on restrictive forms of treatment and out of home placement. 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.

Beacon Health Options may provide on a voluntary basis (at the request of the family), casework, community referrals and treatment services for children who are not system involved with the Department. These are youth who do not require protective services intervention but may benefit from the community based behavioral health system.

Families can initiate an application by calling DCF's Careline. Referrals received by the Careline will be forwarded to Beacon Health Options along with the Office of the Health Care Advocate to ensure all insurances have been optimized. Between May 2020 and 8/19/21, 529 referrals were made to the program and of these, 480 are unique referrals. This will continue to be an area of focus for the Department this upcoming year.

Child Safety Practice Model

In October 2020, the Department established a contract with Taylor Consultants to develop CT's Child Safety Practice Model, with a specific emphasis on approach, interactions, and decision-making. When developing safety practice models, many jurisdictions focus their work internally, however, DCF has been intentional in taking a broader approach to include our external partners in helping us keep children safe in the community. The model aligns with our core values around engagement of families, building upon the family's protective factors and capacities, and keeping children safely at home whenever possible. The model is specific to CT and builds upon our existing policies and practice guides with key features intended to refine and strengthen our safety assessment and safety planning practices. Additionally, the model is designed to promote greater consistency in language and understanding of safety both internally and externally. The model is built upon the following guiding practice commitments that provide the context for assessing safety and safety planning:

1. Safe and Sound Culture & Safety Science
2. Commitment to Equitable Safety Outcomes & Racial Justice
3. Comprehensive Assessment, Resources, Tools, & Protocols
4. Supervision and Consultation to Inform Critical Thinking
5. Community Partners shared understanding
6. Comprehensive Service Array focused on Safety
7. Supports for Kin, Foster, and Adoptive Families
8. Dedicated safety attention for Young Adults

The four objectives of the model are as follows:

- Increasing consistency of safety related language;
- Increasing consistency of decisions and outcomes;
- Clarifying expectations for DCF staff and community-based partners; and
- Increasing understanding of applied safety concepts

The model focuses on the ABCD paradigm, which will become our way of thinking about child safety and a strategy of collecting critical information to help inform our safety decisions in real time. The model focuses attention on the following areas that we believe are critical to assessing child safety:

- A= Adult parental protective capacities
- B= Behaviors that are harmful
- C= Child Vulnerability
- D= Dangerous Conditions

Although the model builds off of our strong safety practices, including the continued use of our revised SDM Safety Assessment and Considered Removal Child and Family Team Meetings, there will be new features that will be developed designed to enhance skill building and development, facilitate information sharing, and promote critical thinking. A training plan is being developed to include both internal and external partners. The training is scheduled to begin in August 2021.