

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
Number of employees – 2805
Recurring Operational Expenses SFY23 \$746,526,091

Organizational Structure is as follows:

- Office of the Commissioner
- Administration
- Operations
- Strategic Planning
- External Affairs
- Legal Division
- Chief of Child Welfare Bureau
 - 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	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, located in East Windsor)
 - South Campus (formerly Riverview Hospital, located in Middletown)
- The Wilderness School (based in East Hartland)

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 Results 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 for youth in care (USD II). 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. Connecticut's approved Family First Prevention Plan 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. This work is a continued progression towards providing a holistic system of care that builds on the Department's longstanding mandate to ensure delivery of a network of quality public behavioral health services for children as described at www.plan4children.org.

Department Data and Information

SFY 23 Children and Families Served

- On any given day, the Department provides direct services to approximately 20,000 children and 8,900 families across its programs and mandated areas of service.
- During SFY23, the Department responded to reports of abuse and/or neglect to over 27,000 families. On any given day, approximately 1,700 investigations and 2,500 family assessments are in process.
- During SFY23, the Department provided some form of ongoing services to over 10,100 families. On any given day, approximately 3,070 children are in some type of placement.
- During SFY23, 1,432 children entered DCF care and custody. However, 1,530 children that had been in care were discharged, 84% of which were to some form of permanency exit including: 446 children reunified, 345 children with guardianship transferred, and 493 children with finalized adoptions.

Reports of Abuse and Neglect

- The Careline received approximately 109,565 calls during SFY23, a decrease of a little over 7% compared to the 118,072 calls in SFY22. However, there were an additional 12,065 reports

submitted through web-based submission methods, which represents a 68% increase over the 7,185 such reports submitted last year.

- Of those calls/online reports, 67,778 were reports of child abuse and/or neglect.
- Of those reports, 45.1% were accepted for a differential response (either investigation or family assessment).
- Mandated reporters provided over 87.4% of those reports.

Below are the number of Child Protective Services Reports from SFY years 2014 through 2022:

SFY	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%
2021	56,196	44,841	79.8%	24,886	40.5%
2022	62,920	53,754	85.4%	27,875	44.3%
2023	67,778	58,263	86.0%	30,591	45.1%

- Of the accepted reports, over 55% were handled through a family assessment response.
- Of the reports that were investigated, 26.7% had at least one substantiated allegation of abuse and/or neglect.

Improvements/Achievements 2022-2023

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.
 - The federal Children's Bureau approved the Department's Family First Prevention Plan, which highlights the ways that communities across the state can support the strengthening of parental capacity to prevent maltreatment of children.
 - The Department's use of the Considered Removal Family Team Meeting process diverted 82.4% of all children for whom meetings were held from entering DCF placement.

- Children will live with relatives, kin or someone they know.
 - Relative care was made a top priority in January 2011 and continues to remain a priority across the agency.
 - The percentage of children in DCF placement in kinship care (including relative and kinship foster homes) as of July 1, 2023, is 40.1% compared to just 21% of all children in care on January 1, 2011.
 - Work with the University of Chicago Chapin Hall and caregivers to develop the Caregiver Practice Model and Connecticut Kinship Navigation Model
 - 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
 - The percentage of all children in DCF placement in family care (including core and kinship foster homes) as of July 1, 2023, is 82.3% compared to 67.5% of all children in care on January 1, 2011.
 - 94% of children in care who are under 18 are placed in family care.

- Children will be in congregate care settings rarely and briefly.
 - The percentage of children in DCF placement in congregate care as of July 1, 2023 is 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 is 5 as of July 1, 2023, compared to 38 on January 1, 2011.
 - The number of children ages 12 and under declined to 17 as of July 1, 2023, compared to 200 on January 1, 2011.
 - Out-of-state placements remained at 5 as of July 1, 2023, 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.
 - A new practice guide for improving outcomes for transitional age youth, the V.I.T.A.L. (Voice and Choice, Innovative, Thorough and Accountable, Authentic Youth Engagement, Life Launch) model, was implemented across the agency.

Connecticut Family First Prevention Plan

Implementation of Connecticut's Family First Prevention Services Plan began in April 2021. It involved several workgroups for the identification and development of the business process and other aspects including training. A contractor for the Prevention Care Management Entity responsible for serving Connecticut's "upstream families" has been identified with supports offered to families anticipated to begin in Fall 2023."

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 SFY 2023, of the total number of accepted reports, 55.5% were assigned to the FAR track.
- Since implementation, 74,929 families received a FAR.
- 71.5% of FAR families did not have a subsequent report within a 12-month period following FAR disposition.
- Statewide, 94.9% 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 is 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 for SFY 2023:

- 2,501 child-specific meetings have been held, involving 1,366 families.
- 83.7% of meetings occurred prior to the child's removal.
- Of the meetings held prior to a removal, 79.6% did not recommend removal.
- Of those recommended for removal, 68% 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 IFCS program was developed with the belief that families would be better served in their own community without DCF involvement, which also aligns well with the Family First legislation and prevention mandate. The IFCS program engages families while connecting them to concrete, traditional

resources and services in their community, utilizing components of the Wraparound Family Team Model approach.

Outcome measures for IFCS were established and focus on engagement, family satisfaction, and a reduction in child maltreatment. Performance indicators include:

- 80% of accepted families develop a Plan of Care within 45 days of an episode start date.
- 80% of families who were engaged and discharged are satisfied with the IFCS program as evidenced by a Family Satisfaction Survey; and
- 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.

From April 1, 2022 through March 31, 2023, IFCS received 1,307 referrals serving 4,664 family members.

- Families who were engaged in the program and had a care plan created within 45 days was 85.1%
- 95.5% of families did not have a subsequent substantiated report during their involvement with IFCS (through March 2023 due to quarter data lag).
- 95.5% of families did not have a subsequent substantiated report within 6 months of discharge (through March 2023 due to quarter data lag).
- At time of discharge, 91.2% of families were satisfied with the services they received.

Voluntary Care Management Program

Voluntary Care Management is a DCF funded program (Carelton) for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency. The 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. At the request of the family, casework, community referrals and treatment services for children who are not system involved with the DCF may be provided. 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 Carelon along with the Office of the Health Care Advocate to ensure all insurances have been optimized. For SFY23, the Voluntary Care Management Program has received 447 individual referrals, and 1259 individual referrals since the program's inception on May 1, 2020.

Child Safety Practice Model

CT's Child Safety Practice Model emphasizes approach, interactions, and decision-making. 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. The model is designed to promote greater consistency in language and understanding of safety both internally and externally.

The model focuses on the ABCD paradigm, which has 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 following areas 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, new features were designed to enhance skill building and development, facilitate information sharing, and promote critical thinking. Practice profiles, a tool developed by the National Implementation Network (NIRN) identifies specific skill sets along the continuum from beginning level to advanced that will help operationalize the model and serve as a foundation for training and supervision. Five discussion guides have also been developed, focusing on developmental disabilities, intimate partner violence (IPV), mental health, substance use and young children.

Additionally, the Department has aligned the model with our racial justice work as we know it is essential to ensure this collective work is explicitly and intentionally integrated at all levels.

Continuous Quality Improvement Systems

The Department has continued the practice of ChildStat, a CQI and management process to assess agency performance and engage in structured discussions related to improvement strategies. Each office or division presents on a uniform set of performance measures that align with the agency's 7 Key Results, which are also consistent with federal data indicators. As part of the agency's ongoing CQI, efforts are consistently made to examine disparate outcomes by race/ethnicity of children and families served. Achieving racial justice and the elimination of racial and ethnic disparate outcomes within the Department is one of the agency's five strategic goals and we have maintained our commitment to becoming an anti-racist organization whose beliefs, values, policies and practice achieve racially just outcomes.

Since exiting a decades long Consent Decree in 2022, the Department has continued to invest in a robust quality management and CQI environment. The Bureau of Strategic Planning, which includes Administrative Case Review, Quality and Performance Improvement, and Reporting and Evaluation, leads the CQI activities specific to case practice service delivery and is also leading CQI activities related to the implementation of CT's Prevention Plan. In addition, each area office has a dedicated CQI team composed of staff with diverse roles and responsibilities that meets regularly to review data specific to the office and assess areas of performance needing improvement, and that works to help determine strategies to improve office performance; several of the agency divisions such as the Careline and the Foster Care division have established CQI teams as well.

In SFY23, CQI conducted over 3,300 case practice reviews and 9,060 Administrative Case Reviews (ACR).

DCF has also continued to maintain a partnership with UCONN focused on our Differential Response System (DRS) and convenes a monthly research to practice meeting inclusive of CQI staff, child welfare leadership and staff from the field. UCONN has developed infographics to convey key findings and has joined several of our agency affinity groups to present.

In SFY23, DCF successfully launched the release of public ROM (Results Oriented Management) which provides approximately 19 data reports related to agency performance on key federal performance measures allowing for increased agency transparency. DCF intends on further developing and enhancing the reports available through ROM and other agency sites during the next FY.

DCF continues to participate in the National Partnership for Child Safety (NCPS), whose mission is to improve child safety and prevent child maltreatment fatalities by strengthening families and promoting innovations in child protection. DCF Deputy Commissioner Jodi Hill-Lilly also provides leadership for the

partnership as co-chair of the executive committee. The NCPS is a quality improvement collaborative formed to further key recommendations and findings of the federal Commission to Eliminate Child Abuse and Neglect Fatalities, which highlighted the importance of safety science and data sharing to system change and reform.