

Department of Children and Families
SPOTLIGHT ON WHAT'S RIGHT



A Message from Commissioner Dorantes...

Social Worker Appreciation Month and Women's History Month

March is designated annually as **Social Work** month.

There are various disciplines complimenting social work within DCF's ranks...Child Welfare is often synonymous with the field of Social Work.

Therefore, we take this **time** to express our sincere appreciation for DCF's Social Workers and **all** who support the outcomes we produce.

This year's NASW theme is, "**The Time is Right for Social Work.**" Pandemic recovery needs to reflect the **urgency of child-time**. Children have lost so much... Social Work standards and values were made for such a time as THIS.



In March, we also celebrate Women's History Month. It was year ago that I was honored to speak with **Vice President Kamala Harris** during her visit to Connecticut. We talked about how our "ceiling is the next generation's floor."

This past year, we have continued to raise awareness and advocacy for equality in pay, promotions and inclusion of women across systems. We must continue our efforts. Take a look at the work of the Governor's Council on Women and Girls which I Co-Chair.

**WE MAY NOT HAVE CHOSEN THE TIME, BUT
THE TIME HAS CHOSEN US.**

- JOHN LEWIS -



THIS month was fantastic!

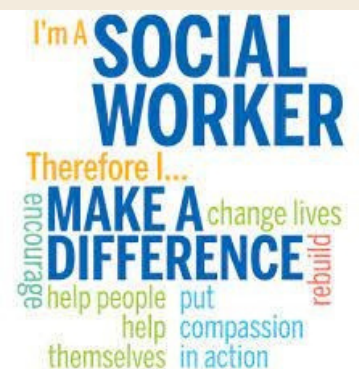
After 30+ years we exited the Juan F. Consent Decree! This month's *Spotlight on What's Right* newsletter highlights the agency and systems transformations that have led to this historic moment!

Connecticut's Family First Plan was also approved by the U.S. Children's Bureau earlier in the month! See how the major shifts in

Federal legislation will benefit Connecticut's children and families - leading to more children residing **safely at home** and **diverting** other families from even coming to the attention of the Child Welfare Agency. We are part of a larger child-wellbeing system.

It has been a while since we provided a video. Please see the [Commissioner's video](#) for important updates on Department operations.

Thank you all for showing up for CT's children and families...**time and time again!**



After 11,783 Days...the *Juan F.* Federal Lawsuit is Over!

"It has been 11,783 days since this case was filed, and the clock has now stopped," stated Honorable Judge Stefan R. Underhill of the United States District Court as he ruled the Department has met and sustained all outcome measures set forth in the Juan F. Federal lawsuit.

It was an uncharacteristic court hearing which included a standing ovation, hugs, emotional statements, and lots of pictures!



An end to over three decades of Federal Court oversight! A historic moment for the Department of Children and Families - and the State of Connecticut.

“This is a great day for Connecticut, and I could not be prouder of the staff at the Department of Children and Families,” Governor Lamont said. “Each and every day they support families and partner with communities to ensure the safety and well-being of children. Moving forward, we expect to continue the high standards of best case practice our children and families deserve.”

The Juan F. lawsuit was originally filed in 1989, indicating Connecticut’s child welfare system was not meeting the needs of children subject to allegations of abuse and neglect, including those placed into the department’s care and custody.

Few currently working at the Department understand what the Agency was like prior to the Juan F. lawsuit being filed. So...let's take a journey through the history of DCF to more fully understand the impact of Juan F. and transformational changes that occurred.

Back in 1989, caseload sizes were not capped, and it was common that Social Workers carried 50+ cases at a time. "As a 22-year-old brand new social worker wanting to change the world, I came into about 56 cases," stated Commissioner Vannessa Dorantes.

Reports of child maltreatment were made by calling the Regional Office directly, resulting in lack of consistency across the state, as the 24/7 Careline had yet to be established.

Staff were hired without a Social Work or related degree, with the only requirement being you must have graduated from an accredited college.



Training was provided after you started working and had an assigned caseload, and it covered just the bare minimum to conduct work related activities until years later when the Academy for Workforce Development was created.



Regional Office staffing was absent the supports we have today, such the Regional Resource Group, Principal Attorneys, Paralegals or Case Aides.

Visitation standards were not established for in-home families and at best, a family could be seen every other month. When a family need was identified, intensive in-home substance use or mental health services were not available. Families sought supports outside of the home, which at times required them to travel distances not compatible with their available resources.

Families facing eviction or at-risk of having their utilities shut off did not have the benefit of the Department's current wrap-around funding.

Safety and risk assessments were made subjectively, with family engagement and empowerment yet to be widely practiced.

Social Workers visited children placed into the care and custody of the Department infrequently and visitation with family members occurred in sterile DCF offices at distant intervals.



It was the Social Worker who was responsible to conduct case management activities, including picking up and driving the children on their caseloads to all appointments.

Regional Offices consisted of rotary phones, oftentimes shared by multiple staff members, and case narratives were handwritten on sheets of paper. Offices had typewriters to use strictly for court documents.

Cellphones were not invented and if an emergency existed while visiting a family, you sought the closest payphone to dial for assistance.

CMS was the statewide computer system in which bare minimum data would be entered infrequently by select clerical staff. It was not uncommon to find multiple workers were visiting the same family, as an Investigator may not know upon assignment of a paper case file who else was also assigned the case.

Foster homes were scarce with little discussion about placing children with kin. This resulted in siblings being split up with limited, if any at all, communication or contact with one another outside formal visitation. Therapeutic foster care was not established as a statewide system and when youth exhibited trauma related behaviors, instead of having supports provided to the family, it was practice they were removed and placed into an alternative home.



Brian Lynch, CEO of Children's Community Programs of Connecticut and is one of the original "Next Friends" of the Consent Decree. "We saw children who were 10 years old in the system having 10 placements by the time they were 10 and 12 years old, just bounced from home to home to home," Lynch said. "The whole system was in crisis, and kids and families were suffering for it."



The Department was not fully established as the lead Children's Behavioral Health Agency in the state. Out-patient clinics and Extended Day Treatment programs were present but little to no in-home supports were available for families with children experiencing complex behavioral health needs. This resulted in children being hospitalized for lengthy periods, completely unacceptable by today's standards.

The system had an overreliance on group homes and residential facilities as "placements" for children instead of therapeutic interventions. Children and youth resided in non-family settings for years even exiting care as an adolescent directly from a congregate care facility. Services post-majority were not developed.



Quality assurance and quality improvement were absent in the DCF language or case practice except for a few components in the 6 month "treatment plan review" for families and children in out of home care. The "treatment plan" consisted of a two-sided green sheet of paper with approximately 7 questions.

The concept of a "child's sense of time" had little impact on the system - established without permanency guidelines resulting in children and youth languishing in care for years without being reunified, having guardianship transferred or adoptions finalized.

Relationships with community partners were limited. Connecticut had few advocacy groups and those present, had minimal voice for change. The Connecticut Legislature did not prioritize children's needs and when faced with mounting fiscal constraints, Governors cut the budget for children and families.

Humbling.

"Today's DCF is a different DCF than 30 years ago," stated Commissioner Dorantes.

The DCF today reflects complete agency and systems transformation - a result of the tireless efforts of the department's workforce, the support of the Governor's Office, the Office of the Attorney General, members of the Connecticut legislature, the Office of Policy and Management, and our community partners across Connecticut.

"DCF has become one of the best Child Welfare agencies in the country. It has been an honor to watch the transformation and know that the Department is poised and capable to continue its challenging work. The obligations under the Juan F. Consent Decree have been achieved, but we all know that the work to improve must and will continue. During the court hearing, I stressed to Judge Underhill that DCF's ability to progress and meet the needs of Connecticut's most vulnerable children and families is dependent on the ongoing support and resources that DCF receives. The Department's work is challenging and demanding on the best of days. I noted the Department's outstanding performance was undeterred despite the significant challenges during this most difficult pandemic period. I will be eager to watch the improvements that come next as the Department's continues its proactive efforts to refine and improve its case practice," stated Court Monitor Ray Mancuso.



"It took 32 years, because this was a case that was to revolutionize the whole child welfare system from beginning to end," Brian Lynch stated.

"As a career social worker, my focus in leading the Agency was and will remain on quality and consistency throughout our case practice. To meet the challenges children, families and communities will face today and in the future all aspects of our work will continue to have embedded and well-defined internal quality assurance and improvement structures while we continue to reinforce partnerships across public and private agencies," Commissioner Dorantes said.

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Key components of the Agency's infrastructure leading to continued success of the Agency have been highlighted in court filings and include:

1. Maintaining Caseload Limits Across the DCF Workforce
2. Ensuring DCF is a Family Centered Practice
3. Minimizing the use of institutional settings while focusing on clinical treatment needs of young people in group care
4. Providing Community Based Mental Health and Other Supportive Services
5. Embedding a Racial Justice Focus Across the Agency
6. Supporting Older Youth
7. Building and Supporting Community and Agency Partnerships and Supporting the Contracted Services Array
8. Promoting Continuous Quality Improvement

The Department has also been recognized as a leader across the country in the practice areas of Racial Justice, eliminating the need for congregate care placements and children residing with kin.

"I have been a part of this lawsuit for over 20 years, and I am so grateful to finally see how this agency has truly made itself accountable to the kids and families it serves – that's what this case was always about. I have such deep respect for the vision and determination of Commissioner Dorantes and the DCF staff she so capably leads," said Ira Lustbader, Chief Program Officer at Children's Rights. "Through numerous administrations and many bumps in the road, today we see the results of a state's commitment to taking a family-centered approach to transform the way children are treated by the system charged with their care."

"As a Connecticut resident, I am proud to have served on this case for so many years, and to have witnessed DCF deliver measurable, sustained and durable improvements to the care and support of the children it serves," said Steven Frederick, Co-Managing Partner at Wofsey, Rosen, Kweskin & Kuriansky LLP. "State leaders have fully embraced the reform process and, while the work is never done, DCF now has the tools and resources to make informed decisions for children and families and to ensure that the improvements it has made will be sustained over time."

"Today marks a day where we will no longer have Federal oversight, but the work has just begun," Dorantes stated.

Further coverage of this day can be found here: [Federal Judge Ends Oversight of DCF](#)



Connecticut's Family First Plan Approved!



In early March, the State of Connecticut Family First Prevention Plan was approved by the United States Children's Bureau!

We express our sincere gratitude to the over 400 community partners including parents and youth with lived expertise, decision makers throughout state government, community organizations, advocates, and contracted providers who provided input over a 2.5-year period.

Who will be impacted by the plan?

This prevention plan is Connecticut's plan - not solely the child welfare agency's plan - designed to enhance the lives of all of Connecticut's children, youth, and families. The priority was to ensure the voices of children and families were truly at the center of the work.

"I am very proud of the collaborative and deliberate approach taken by the Connecticut Department of Children and Families to lead this effort. This is Connecticut's plan and one that will lead to our children having a brighter future," stated Governor Ned Lamont.

Why was it developed? What is it intended to do?

The plan was written in response to the Family First Prevention Services Act signed into law as part of the U.S. Bipartisan Budget Act of 2018. This major shift in federal policy will lead to families having greater access to evidenced based mental health services, substance use treatment, and in-home skill-based parenting supports intended to stabilize families. It also sets forth enhancements for kinship providers and expectations when children require a treatment intervention in a congregate care facility.



What does this mean for children and families? Who is impacted? What will be the result?

Connecticut's Family First Plan outlines an array of supports for families known to DCF with the goal to enhance our service delivery system leading to the increase in the number of children safely remaining at home and reducing the number of children requiring placement into foster care.



Connecticut's plan is also unique in the way it intends to provide services to a much broader array of families than other states have

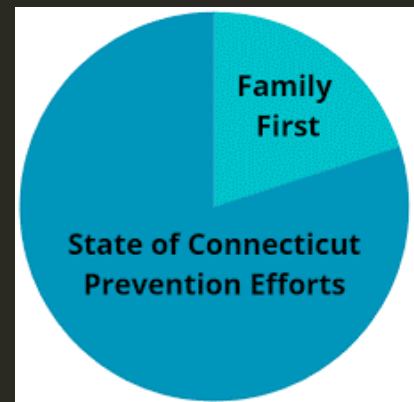


proposed. "We have reimagined our system to not only serve those families who come to our attention but have also taken a bold approach to develop supports for families upstream and within local communities resulting in them actually being diverted from involvement with the child welfare agency," Commissioner Vanessa Dorantes said. "We need to continue to lift the negative stigma of seeking help and this plan sets the framework for early intervention right in your own community."

Connecticut strives to become an agency that empowers families to thrive by walking in partnership alongside them. Family First as an opportunity to continue transforming Connecticut into a well-being system in part, by extending prevention services to families earlier and continuing to realign objectives towards prevention more broadly.

Major intended outcomes of Connecticut's Family First Prevention Plan include:

- Upstream approach that looks to prevent child maltreatment and families requiring child welfare involvement
- Enhancement of existing Evidence Based Programs available within local communities leading to families remaining safely together
- Establishment of standards and oversight for children requiring placement into a treatment setting
- Coordinated approach to supporting kinship providers
- Encourages cross-system collaboration and partnerships emphasizing equitable access and outcomes



What are the next steps?

Implementation of the plan will now be led by Dr. Sharon Davis in the Clinical and Community Consultation and Support Services Division under the direction of Administrator JoShonda Guerrier. Look for updates in the very near future regarding implementation updates.

The full Connecticut Prevention Plan and Executive Summary can be accessed below:

- [Connecticut's Family First Prevention Plan](#)
- [Executive Summary of Connecticut's Family First Prevention Plan](#)

Legislative Session Prioritizes Behavioral Health for Children

The 2022 Connecticut Legislative Session opened on February 9th and will adjourn on May 4th. This is a quick 4-month timeframe with alternating years extending the session to a full 6 months.



Congratulations to DCF Legislative Program Director Vinny Russo who has taken on the role as Government Affairs Advisor in the Office of Governor Ned Lamont during this Legislative session.

A team approach is being taken to handle the Legislative activities at DCF with Bureau Chief of External Affairs Ken Mysogland taking the lead with support from Assistant Legal Director Kate Dwyer and Executive Assistant Johanna Schmidt.

Chief Fiscal Officer Melanie Sparks has done fantastic work on the budget, assessing the Fiscal impact of proposed legislation and for being available 24/7/365 for all of us!

Children's Behavioral Health is a priority this legislative session. In particular, [HB-5001](#) and [SB-2](#) are the largest and most comprehensive bills which propose additional supports for children and families across the state. Some key highlights in this pending legislation include:

- Establishing a Children's Behavioral Health Cabinet to oversee the coordination and programming for the entire children's behavioral health system
- Enhancing Emergency Mobile Psychiatric Services for children
- Developing a system to divert behavioral health calls from 911 to adult or children's behavioral health agencies
- Creating an advertising campaign across Connecticut to increase awareness regarding supports for children and families
- Establishing license reciprocity across states for behavioral health clinicians
- Creating guidelines for permanent telehealth
- Training community providers to administer the Screening, Brief Intervention and Referral to Treatment tool (SBIRT)
- Providing a greater array of behavioral health supports for students within the school setting



Additional proposals include:

- Establishing an Educational Unit within DCF to oversee the education of youth in Juvenile Justice facilities.
- Developing and providing Bystander and Support for Sexual Assault Victims training for school personnel
- Adding certain Youth Camp staff members as mandated reporters
- Mandating Police Officers and Emergency Medical Technicians to provide information regarding family supports to domestic violence victims.

We are grateful for the support from the Appropriations, Public Health, Human Services and Judiciary Committees for their tireless efforts to enhance the well-being of children across our state. Furthermore, for the countless discussions and public hearings with the Committee on Children leading to strengthening legislation to better support families and protect children. Their membership includes:

Co-Chair Senator Saud Anwar
Co-Chair Representative Liz Linehan
Vice-Chair Mary Welander
Ranking Member Representative Anne Dauphinais
Ranking Member Senator Kevin Kelly
Representative Patrick Boyd
Representative Robin Comey
Representative Jaime Foster
Representative Robin Green
Representative Brian Lanoue
Senator Christine Cohen
Senator Marilyn Moore
Representative Maryam Khan

If you would like to receive the weekly Legislative updates, please contact e-mail Ken.Mysogland@ct.gov to be included in the list.

