Connecticut Department of Children and Families

DEPARTMENT OF CHILDREN AND FAMILIES

Executive Staff

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

Resources

- ***Established*** **- 1970**
- ***Statutory authority*** **- CGS Chap. 319**
- ***Central office*** **- 505 Hudson Street, Hartford, CT 06106**
- ***Average number of full-time employees*** **- 3,008**
- ***Recurring operational expenses*** **- $772,353,832**

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
- E*stablishment* 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 4,100 children are in some type of placement.
- Positive Trend: There are 669 fewer children in care as of July 1 2014 compared to January 2011. That is a reduction of 14 percent.
- During SFY14, 454 children were referred for voluntary services without being committed to the Department. The vast majority of these children receive services at home.
- Adoptions were finalized for 436 children, and subsidized guardianships transferred for 167 children during SFY2014.
- Positive Trend: The % of children overall placed with relatives or someone else they know (kin) has risen to 34.4% in July 2014 compared to 17.3% in January 2011. If we count kin placement, that number is 29.8%. This is a 63.8% increase compared to January 2011.
- Education: Post secondary (2 or 4 year colleges or other full time school) program provided financial support for 599 youths in SFY14 up to age 23.

Reports of Abuse and Neglect

The Careline (formerly "Hotline") received approximately 89,355 calls in CY2013. Of those, 48,630 were reports of abuse and/or neglect, and 28,913 of these reports were investigated. 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

Adoptions were finalized for 436 children. Guardianship was transferred for an additional 167 children whose new family is receiving a subsidy from the Department.

Supporting Success through Post-Secondary Education

599 youth attended a post-secondary education program with the department's support in SFY2014.

IMPROVEMENTS / ACHIEVEMENTS 2013-2014

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.

<u>DRS: Traditional Investigations</u>

- 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 38 percent to 40 percent of accepted reports are given a FAR assignment.
- 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

Academy for Family and Workforce Knowledge and Development

Trauma

In keeping with the agency's goal of becoming a trauma-informed system, the mandatory two-day training program on trauma-informed practice continued this year. This year alone, **1,269** Social Workers and **36** Supervisors completed this training. A one-day condensed version was

made available to staff providing indirect services. This class was taken by **30** participants. Over the last two fiscal years, **1,742** unique people participated in this program.

Leadership Academy for Middle Management

The Department established a Connecticut specific Leadership Academy for Middle Managers (LAMM). This training is based on the National Child Welfare Workforce Institute's leadership program that is funded by the federal Children's Bureau. This unique learning opportunity allows managers to apply the National Child Welfare Workforce Institute's Leadership Model to the work of a child welfare manager. Eighteen middle managers participated in this four-month training consisting of seven full-day training sessions. Each manager was required to implement a change initiative aimed at improving practice within their respective area.

Child and Family Teaming

During this Administration, the Department has implemented a teaming model to ensure that children and families have a voice in critical decisions that impact their lives. Considered Removal Meetings are now routinely offered to families prior to a removal of a child or shortly thereafter, to ensure that the safety concerns are clearly communicated, and so that the family has an opportunity to partner with the Department to mitigate the safety concerns. Ideally a plan is made and the children can safely remain at home. If this is not possible, the Department works with the family to identify potential kin resources to care for the children and as a last resort, utilize foster care should attempts to utilize kin fail. In addition, Permanency Teaming is currently being rolled out as a critical component of the case planning process whereby a series of meetings are held with key family members, service providers or anyone the family views as a resource to assist them with achieving their goals. During SFY14, 454 staff participated in this training

Voluntary Services Certification

A new seven-day certification training program was created to enhance the knowledge and skills of staff who provide services to children and families on a voluntary basis. These families generally involve children with complex behavioral health issues, including children on the autism spectrum. The purpose of the training program is to ensure consistency in practice across the state. There were 23 participants in the seven classes that were offered during SFY14.

Pre-Service Trainings

A mandatory 10-month pre-service training program is required for all new social workers. In SFY14, the Department hired more than 80 new social workers. In total, the Academy provided **96** different offerings of pre-service classes totaling **576** hours of training.

Selected In-Service Classes

- Differential Response System (DRS): With DRS having been fully implemented, the need for training is ongoing. Training was provided to **78** staff this year.
- Strengthening Supervision: Supervision training has emerged as a major priority, and the Department partnered with Yale School of Medicine to adapt their supervisory model to

its practice. The Yale supervisory model is built around four core functions of supervision: Quality of Service, Administration, Professional Development and Support. To date, **361** supervisors participated in **14** two day training sessions. Program managers also were trained and coached to use the model. The managers also received **12** hours of training. In total, there were **11** training sessions with **65** program managers.

- Mandated Reporter Training; Mandated reporter training reached approximately **29,000** individuals during SFY2014. Of these **15,558** received the training in the online format.
- "Train The Trainer": Two 2-day train the trainer courses were given during the fiscal year. **Thirty-seven** new trainers have been certified to provide training to the community. This brings the total number of certified trainers to **176.**

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 23 as of July 1, 2014 compared to 362 on January 1, 2011 – a reduction of 93.6%.
- 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, 2014 declined to 19% compared to 29.8% of all children in care on January 1, 2011. That represents a decrease of 36.3%.
    - # of children ages six and under in congregate care settings declined to 5 as of July 1, 2014 compared to 38 in January 2011.
    - # of children ages 12 and under declined to 49 as of July 1, 2014 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.
- During the month of June 2014, 46.1% of the children who entered care were placed with either a relative or someone else with whom they had an established relationship.
- The % of children overall placed with relatives or someone else they know has risen to 34.4% in July 2014 compared to 21% in January 2011. This is a 63.8% increase compared to January 2011.
- Work with the legislature resulted in a $3 million addition in SFY2014 for support services dedicated to relative and kinship homes.

Clinical and Community Consultation and Support Division

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.
- Beginning with the current Administration, the Department first used TDM to significantly reduce the use of congregate care for younger children and subsequently 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.
- In February 2013, DCF expanded Teaming to include application for families at the point when decisions are made about removing children from their homes.

Considered Removal Child and Family Teaming

- Considered-Removal Child and Family Team Meetings were begun February 11, 2013 to prevent child removals or to identify a relative or kin as caregiver when child safety could not be ensured at home.
- During the six-month period ending July 2, 2014, 1,328 children were the subject of a CR-CFTM, and 71 percent of the children received the meeting *prior* to removal.
- Seventy-nine (79) percent of the children were not removed.
- Of the children who were placed by DCF, 64 percent were placed with family or someone else they knew.
- Less than 10 percent of the children with a meeting prior to removal were placed into care with someone they did not know (non-relative foster home).

Permanency Teaming

- Child and Family Teaming has continued to evolve from the initial roll out of Team Decision Making to reduce the use of congregate care to Considered Removals, and in 2014 and 2015 is moving towards statewide implementation of Children and Family Permanency Teaming.
- In late 2013, training utilizing a learning lab methodology for child and family permanency teaming began. Training has and will continue through 2014 for the entire workforce as well as partner agencies.
- A statewide steering committee is reviewing current policies and practices to align with the practice model. Implementation is rolling given the scope of this model and the need to train all staff.

Trauma Informed Practice

- Children and families involved in child welfare commonly have experienced trauma that profoundly affects well-being and that must be addressed if our interventions are to be effective.
- Trauma-informed practice is one of the Department's seven cross-cutting themes, and, in 2012, the Department received a five-year, $3.2 million federal competitive grant award to improve trauma-focused care for children in the child welfare system.
- This included trauma training for DCF staff and private providers, building screening, assessment and referral systems, and expanding access to evidence-based, trauma-informed treatments.
- There are 29 agencies trained to deliver TF-CBT (Trauma Focused Cognitive Behavioral Therapy) and in the final two years of the grant 10 to 12 agencies will be trained to deliver Child/Family Traumatic Stress Intervention.

Community Behavioral Health and Substance Abuse Services

The three largest programs provide more than 41,000 episodes of care annually.

Psychiatric outpatient clinics for children	26,687
Emergency Mobile Psychiatric Crisis Service (EMPS)	15,574
IICAPS (Intensive In-home psychiatric services)	2,200

DCF benefits from 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

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 2014, the outpatient clinics served 26,687 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 percent of children are seen at their home, at school or in the community and 88 percent are seen within 45 minutes of receiving the crisis call.
- In SFY2013, there were more than 15,574 calls to the EMPS system, which developed into 11,550 episodes of care.

Intensive In Home Child & Adolescent Psychiatric Services (IICAPS)

- A six-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 four to six hours per week of intervention with the child and caregivers to prevent hospitalization or to return the child to community-based outpatient care.
- In SFY2013, 2,200 families received services.

Care coordination

- Care coordination uses an evidenced-based child and family wrap-around 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.
- In SFY2014, 1,214 families were served.

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 wrap-around team meeting process and focuses on providing support to the parent/caregiver.
- In SFY2014, 415 episodes of care were delivered.

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. Treatment is provided for a minimum of three hours per day and five days per week through a milieu-based model of care.
- In SFY2014, this program served 1,056 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 two 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 up to 40 youth and families and has helped to inform model development that will further enhance community-based services statewide.

Respite care

- Respite care is a non-clinical intervention that 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 four hours per week for 12 weeks.
- In SFY2014, 148 families were served.

Functional family therapy

- An empirically grounded, family-based intervention to improve family communication and supportiveness while decreasing negativity, delivered within the family setting by four providers and five grant-funded teams.
- In SFY2014, 572 youth and families were served.

Multi-dimensional family therapy, including “special population”

- Family-based intensive in-home treatment using an evidence-based model 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.

- In SFY2014, 959 youth and their families were served.

Multi-systemic therapy (MST)

- Intensive family- and community-based treatment program that uses an evidence-based model that addresses environmental systems that impact chronic and violent juvenile offenders: their homes and families, schools and teachers, neighbourhoods and friends.
- In SFY2014, 219 youth and families were served.

Multi-systemic therapy (MST) for special populations

- Special populations using evidence-based models include youth with problem sexual behavior, transition-age youth, and parole youth re-entering the community.
- In SFY2014, 173 youth and/or families were served.

Multi-systemic therapy (MST) "Building Stronger Families"

- Intensive in-home treatment for families with maltreatment and substance abuse issues.
- In SFY2014, 22 families were served.

Re-entry and family treatment

- Multi-Dimensional Family Treatment for parole youth with substance abuse treatment needs and who are re-entering the community.
- In SFY2014, 77 youths and their families were served.

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.
- In SFY2013, 251 families were served.

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.
- In SFY2014, 206 families received services.

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.
- Annual capacity to serve 91 children.

Integrated family violence program

- In-home and clinic-based services for families where intimate partner violence (IPV) has been identified. Core services include a comprehensive assessment that addresses past history of violence, patterns of coercive control, coping and protective strengths and strategies; parenting and the parent child relationship; the impact of the IPV; the risk for recurrence of violence; services and treatment needs. Additionally, safety planning for survivor and child, trauma focused work with children, interventions focused on repairing and healing relationships, and batterer interventions.
- In SFY2014, 369 families and 791 children received services.

Domestic Violence

- Child abuse is 15 times more likely to occur in families beset with intimate partner violence.
- The Center for Disease Control reports that studies from countries around the world -- including the United States -- have established the relationship between Intimate Partner Violence and child abuse
- The Department is continuing to enhance the service array to address intimate partner violence grounded in best practice and inclusive of a strong evaluation component.
- The Department has begun creating a new training, consultation, service delivery and evaluation model based on the most current research and practice serving families impacted by intimate partner violence.
- New domestic violence specialists are working in every region to provide internal expertise.

Adolescent substance abuse outpatient

- Substance abuse screening/evaluation, individual, group and family therapeutic interventions in a clinic based setting.
- In the first six months of SFY2014, 198 youths received services.
- Adolescent Community Reinforcement Approach - Assertive Continuing Care (ACRA-ACC) was established as the new service model. ACRA is an evidence-based program that provides substance abuse interventions for adolescents and their families in a clinic-based setting. The ACC portion provides community-based recovery support services for youth who have been in the ACRA program.

- From February 2014 through June 2014, 149 adolescents and their families received services.

Early Identification of Problems

- DCF executed an agreement with the Department of Developmental Services to implement federally mandated referrals to the Connecticut IDEA Part C Birth to Three System.
- DCF implemented a federal grant to expand access to Head Start programs for DCF young children.
- DCF 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.
- DCF and the Judicial Branch Court Support Services Division entered an agreement to work together to serve children 12 years old or younger and their families with early interventions that will decrease the likelihood of future involvement in the juvenile justice system.

2013 Law Requires New Statewide Mental Health Plan for All Children and Families

PA 13-178 requires DCF to develop a comprehensive plan to (1) meet children's mental, emotional and behavioral health needs of all children and (2) prevent or reduce the long-term negative impact of mental, emotional, and behavioral health issues on children.

Key plan requirements include:

- Prevention-focused techniques including early identification and intervention;
- Access to developmentally-appropriate services;
- Comprehensive care within a continuum of services;
- Engaging families, youth and communities in planning, delivery and evaluation;
- Sensitivity to diversity re race, culture, religion, language and ability;
- Results Based Accountability measures to track progress and data-informed quality assurance strategies;
- Improving integration of school and community-based services;
- Collaboration with the Department of Public Health concerning family and youth engagement in medical homes;
- Collaboration with the Department of Social Services to increase awareness of 2-1-1; and
- Collaboration with each program that receives public funding to address mental health needs of children, including data collection concerning response times, provider availability and access.

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.
- DCF has developed guidelines for Safe Sleep Environment focused on education and prevention. Work is underway to increase public awareness as well as train social workers, providers and the public about risks and approaches to prevention.

Circle of Security

- Circle of Security Parenting is a grassroots, DVD-based, innovative, and attachment-based parenting intervention continuing to take hold in CT communities and programs under the Department's collaborative leadership to help more children have a secure attachment.
- Kids who have a secure attachment are more likely to have successful close relationships, develop desirable personality traits, and have better social problem-solving skills.
- DCF supports training for community-based service providers who in turn educate parents, including training for school systems.

DCF-Head Start partnership

- All 14 Department area offices have established and strengthened a working partnership with Head Start and Early Head Start programs.
- The 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

Parents with Cognitive Limitations

- An estimated one-third of families involved with child welfare are headed by a parent with cognitive limitations
- A Department-led workgroup trains service providers across the state on how to identify and serve this population, including the use of plain language for effective communication.
- In the fall of 2013, the workgroup partnered with The Association for Successful Parenting in hosting an international conference on parents with cognitive limitations. Over 300 people attended.
- The Department has established a committee to assess current services, practices and policies regarding these families and make recommendations to better serve them.

Positive Youth Development Initiatives

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

Early Childhood Consultation Partnership

- A nationally recognized, evidenced-based early childhood mental health consultation program to meet the social, emotional needs of infants, toddlers, and preschoolers.
- The partnership builds the capacity of families, providers and systems to prevent and treat social & emotional issues.

Early Childhood Parents in Partnership

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

DCF Supportive Housing for Families (SHF)

- Provides housing assistance and intensive case management services to DCF families who are homeless or at risk of homelessness.
- SHF is designed for families with housing barriers that jeopardize the safety, permanency and well-being of their children.
- The program serves over 500 DCF families per year to prevent children from coming into foster care or to support reunification for families whose children are otherwise unable to leave foster care due to housing barriers.
- DCF was awarded a new $5 million, 5-year grant from ACF to expand and enhance SHF services in September 2012.
- The new grant targets families with severe housing and child welfare needs in the Middletown, Willimantic, and Norwich areas (Region 3).
- The Intensive Supportive Housing for Families (ISHF) Project began in December 2013 and has received almost 100 referrals.
- The ISHF project also will continue over the next year to 1) evaluate the referral process and the target population, 2) examine triage and collaboration with all other service providers including housing authorities, 3) develop housing program curriculum, core skill sets and training and 4) monitor our progress toward systems change through establishment of the project advisory board.

DCF Homeless Youth Project- Start Program (Formally - Young Adult Supportive Housing Pilot -YASH)

- The program serves young adults ages 18-23 that do not meet DCF re-entry criteria and are homeless or at risk of homelessness.
- The Start program is designed to help youth gain and maintain safe and stable housing by providing case management services, hands-on assistance with obtaining basic needs, navigating systems, employment search and placement, education/vocational resources, and financial literacy.
- The program is being expanded to include capacity for DCF and non-DCF involved youth and provide the case management and housing assistance as well as provide crisis response services, including; respite care, host homes, family mediation, and emergency services to any homeless youth in the Hartford area.

Voluntary Services

- The Voluntary Services (VS) program is a voluntary, non-emergency program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency.
- Voluntary Services 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.
- Voluntary Services is designed for children and youth who have behavioral health needs and who are in need of services to which they do not otherwise have access. Parents do not have to relinquish custody or guardianship under this program.
- In State Fiscal Year 2014, Careline received 3,178 VS Inquires.
- In State Fiscal Year 2014, Careline forwarded 454 inquires to DCF regional offices statewide for assessment and servicing.
- In State Fiscal Year 2014, Careline referred 2,724 inquires to other state and community agencies, including emergency responders, Families with Service Needs, Emergency Mobile Psychiatric Services, and Info Line.
- New VS policy gives the Careline an intensified social work role in vetting and servicing cases at the start to enable the regions to better assess and serve VS families.
- Regional Voluntary Service units are now accepting and servicing 8 out of 10 intakes forwarded by the Careline.

Albert J. Solnit Children's Center - North and South Campuses

- Enhanced family engagement through implementation of monthly family events at each campus.
- Started two additional staff self care groups based on the ARC model of care.
- Include youth on the facility's legal and ethics committee.
- Served as a resource for the Department's human trafficking efforts.

Albert J. Solnit Children's Center - North Campus (East Windsor)

- On December 1, 2013, Solnit North opened two cottages as psychiatric residential treatment units, and since that time, 74 youths have been served.
- On April 1, 2014, Solnit North opened two more psychiatric residential treatment units.
- Solnit North dedicated a staff person to serve as family support worker to assist in the role of engagement and reunification of youth with their family.
- Solnit North repurposed positions and hired an occupational therapist and music therapist to meet the clinical needs of the youth in our care.

Albert J. Solnit Children's Center - South Campus (Middletown)

- Solnit South served 276 youths in State Fiscal Year 2014.
- Solnit South received the "Top Performer" award by the Joint Commission.
- Solnit South established two short-term emergency beds for the Department's Careline.
- Solnit South collaborated with the Department's Wilderness School for a variety of activities for our youth.
- Solnit South was able to accommodate the highest number of direct emergency department admissions in the first six months of 2014 then ever before.
- Two Solnit proposals were accepted for presentation at the International Association of Child and Adolescent Psychiatry and Allied Professions in Durbin South Africa.
- Solnit South increased normative educational experiences by increasing community field trips.
- An education open house was help for families.
- Solnit South established data accountability measures to track school attendance, oral reading fluency, and student success plans and youth behavior.
- Solnit South maintained affiliation with nursing programs from Yale, Sacred Heart, and other institutions.
- Solnit South reduced its pharmacy budget through changes in ordering practices.

United School District #2 and Regional Educational Consultants and Specialists

During Stare Fiscal Year 2014, the Education Division undertook the following activities in support of the education success of children and young people served by the Department:

- Commenced implementation of Public Act 13-234, also known as the "Raise the Grade" statute, including:

- Establishment of a pilot program to promote school success for children and youths in the care of the Department in Bridgeport, Hartford and New Haven, including the appointment of a program coordinator for each of these cities;
- Implementation of a process by which social workers are provided with educational records and case plan recommendations designed to promote school success for the children and young people they serve;
- Establishment of an interagency work group including representatives of the Department, the Court Support Services Division, and the Department of Education to coordinate Raise the Grade efforts across the three agencies;
- Issuance of a joint letter from the Commissioners of the Department and the Department of Education to all school superintendents regarding the obligation of school districts to provide educational records to child welfare agencies.;
- Submitted a plan for the improvement of educational services for students who are enrolled in Unified School District #2 to the statewide Achievement Gap Task Force.

- Developed and implemented an educational program for students served by the new girls unit at the Connecticut Juvenile Training School.
- Appointed a new principal at the Connecticut Children's Place, Solnit North Campus.
- Continued to highlight the concern for racial justice in educational operations through workshops with school personnel and participation on the Department-wide Racial Justice Workgroup.
- Continued outreach to local school systems, meeting with superintendents and other school leaders and collaborating with the Connecticut Association of Public School Superintendents to enhance communication and cooperation.
- Provided legal assistance in cases of suspected violation of the educational rights of children and young people in the care of the Department through the Connecticut Child Justice Foundation.
- Assisted in the development of the statewide plan for children's behavioral health, including facilitated discussions with representatives of the Connecticut Association of Boards of Education and the Connecticut Association of Public Schools Superintendents.

Adolescent Services

Girls Provider Network:

- The Girls' Provider Network, a partnership between the Department and private service providers who work with girls, continue to meet on a monthly basis discussing best practices, training opportunities, service introductions and events for girls across the state.
- The Girls' Provider Network programs are completing their second round of self-assessments – including all service types working with girls across the state.
- Girls focus groups occurred across the state providing opportunities for girls impacted at all levels of the system to share their thoughts and recommendations to improve the

service delivery system including supports and resources at the community level. These recommendations were shared with DCF administration as well as the provider network.

- DCF and providers participate in "continuum events." Thus far the four events this year include a special event at the Northern Middlesex YMCA in recognition of National Girls and Women in Sports Day. This event included several activities in which the girls participated with many college athletes from across the state. The second event was hosted by the Connecticut Ballet. The girls were able to see several types of dances and ask questions of the director and dancers. Two additional events were hosted by UCONN and Western Connecticut State University allowing the girls to attend basketball games and meet with the players. These events were tied into the National Girls and Women in Sports Day celebrations.
- Youth projects/competitions were held among providers. The most recent activity included the development of posters educating young people on the issues of sex trafficking.
- Through the Girls Provider Network a newsletter, *Spotlight*, was created giving the girls an unedited voice to communicate with each other as well as professionals providing services to girls.

"Understanding Girls" Training Curriculum

- The two-day training, *Understanding Girls: A Trauma Informed Perspective*, creates awareness among DCF staff and provider staff on the special complexities of working with girls, including emotions, relational aggression, sexuality, and vicarious trauma.
- The "Train the Trainers" process has been completed, and all trainers have conducted training for a provider of girl's services.
- Trainings are occurring across the state and, to date, all requests have been accommodated.

Human Anti-trafficking Response Team (HART)

- In CT since 2008, there have been over 240 unique referrals of high risk or confirmed cases of Domestic Minor Sex Trafficking (DMST).
- Girls overwhelmingly represent the largest number of referrals at over ninety percent.
- To date, over 1,300 police officers have been trained on DMST. As of October 2014, legislation calls for the Department to train law enforcement agencies.
- In January 2014, the Department coordinated a high-level conference of professionals co-sponsored by the State of Connecticut Judicial Branch, Office of the Chief States Attorney, Department of Consumer Protection and the Mohegan Tribe. This weblink (http://www.ct.gov/dcf/cwp/view.asp?a=4071&Q=540384&PM=1) includes the recorded event and materials from the day's presentations and panels focused on educating officials, judicial branch, state departments, federal, state and local law enforcement on the issues of DMST and the challenges in responding to these cases.

- To raise awareness, DCF has trained over 2,400 staff including public and private providers, direct care workers, probation, and others.
- During the 2014 legislative session, Public Act 14 -186 (S.B. 5040) was passed. This act allows victims to be classified as "uncared for" thereby enabling the Department to provide immediate services. It also calls for the Department to train law enforcement and requires the creation of Multi-Disciplinary Teams (MDT) to work with such cases.
- The Department is currently revising and restructuring the DMST training curriculums. The new trainings will include two full days on DMST with gender specific information as well as components focused on LGBTQI children. This will become optional for professionals needing this information for their profession and/or having the desire to expand their knowledge base in this area. These trainings will continue to be offered for all DCF staff (some positions mandate the training) as well as public and private providers throughout the state. DCF developed this website with training opportunities, local and national information and resources on DMST: http://www.ct.gov/dcf/cwp/view.asp?a=4127&q=483068.
- The Department collaborated with service providers to develop a foster care model, training curriculum and parent resource guide to recruit specialized foster homes for high-risk youth and confirmed victims. This was a two-year project that included extensive training of service provider staff, existing foster families and follow-up focus groups with foster families to learn from them directly what they would need to successfully support children at risk or confirmed victims of DMST. DCF will develop a planned rollout of the new model with the goal of providing foster care resources to this population across the state.
- The realization that boys and male-to-female victims of DMST were being under identified was the impetus for the development of what is now a two-year advisory collaborative between the DCF and the provider community. These organizations have come together to share their knowledge and experience for the purpose of understanding and identifying the ways in which a boy's or male-to-female youth's entry to and experience of DMST is different from or similar to that of girls, and to strengthen the DCF efforts and ability to identify boys and male-to-female victims. A new four-hour curriculum has been developed and vetted through a state operated facility and a private provider.
- Connecticut remains a model for other child welfare agencies across the country. The Administration for Children and Families (ACF) identifies the Department as an example in five out of ten of the Emerging Practices within Child Welfare Responses. The five examples include: 1) Institute Mandatory Screening, 2) Train Case Workers, 3) Centralize Listing of Victim Services, 4) Coordination with Local Children's Hospitals & Child Advocacy Centers and 5) Coordination on Data Collection.

One on One Mentoring Program

The One on One Mentoring Program is designed to provide committed youth ages 14 and older with a volunteer mentor. Mentoring provides youth with a caring, responsible adult to guide and support them during their transition to adulthood. There are currently 280 slots available, and 175 youths are currently enrolled.

Re-Entry

Re-Entry is available to youth who have left Department care but were committed to the Department due to maltreatment at the time of their 18th birthday. Such youth may be eligible to re-enter care on a case-by-case basis in order to continue their education. DCF admitted 95 youth into care through Re-Entry in FY 2013.

Employment Training and Career Development - Community Housing Employment Enrichment Resources (CHEER)

The Department may offer a Community Housing Employment Enrichment Resource (CHEER) and provide financial assistance to youth who, as of their 18th birthday, were committed due to maltreatment and "dually-committed" (maltreatment and delinquency committed) youth who demonstrate strong motivation and the ability to pursue a post-secondary employment, training, and career development program. DCF offers youth in care several living options coupled with support services to assist with their gradual move towards successful adult living. Housing options include but are not limited to: individual and shared apartments, boarding arrangements and on-site living arrangements offered by employment program. Funding is based on available budget appropriations and in accordance with this policy.

Summer Youth Employment

Summer youth employment (SYE) is a collaborative effort between the Department and the Department of Labor (DOL) to provide gainful employment and work experience to for committed youth during a six-week period in the summer. The Department provides funding to DOL to ensure that approximately 300 committed youths (ages 14 to 18) are able to participate. In the spring of 2012, the Department and DOL began offering a year-round work experience to Department-involved youth who completed the summer employment program and wanted to continue through the school year. DCF has funded **324 youth** to participate in Summer Youth Employment in FY2013.

Work to Learn

The Work to Learn program is designed to ensure that youth who will age out of the foster care have the skills and opportunities that will assist in a more successful transition to adulthood. Each program provides a variety of employment and educational services including tutoring, academic assessment, job training, job shadowing and internships as well as youth business development, financial literacy, case management, clinical support, and savings and asset development. These programs are available to youth ages 14 to 21 in sites including Hartford, Bridgeport, New Haven, Waterbury and Norwich. DCF has 465 available slots and has served 422 clients in FY 2013.

The Wilderness School

The Wilderness School (WS) Expedition and Short Course Programs serve 945 youths annually. Current research in the field of experiential, wilderness-based programming demonstrates significant positive impact upon the resilience of adolescents, which is essential for children and youths recovering from trauma. Also, studies have shown that these programs increase self confidence and self-esteem.

WS increased program capacity and created new programs for DCF youths receiving adolescent services, girls' services, congregate care services, juvenile services, and prevention services, as

well as youths served by the Albert J. Solnit North and South campuses. As a result, attendance at spring and fall short course programs increased 20 percent in 2013 and 2014 through initiatives targeting greater access to services, establishing outreach and collaboration with Department caregivers and community providers, and in the development of strengths-based, ally-oriented programs for Department youth.

Post Secondary Education

- 599 youths up to the age of 23 attended college or other post secondary education (PSE) program in State Fiscal Year 2014 with financial support from the Department.
- Data and quality improvement systems were maintained to track and provide feedback on the system and office/worker levels.
- During the 2013-14 school year, more than 210 computers were provided to youths in the post-secondary program.
- The partnership with the University of Connecticut was continued to provide foster youths with a timely introduction to PSE opportunities.

Innovative Strategies for Funding and Collaboration

- The Department and Connecticut were selected as one of just six states to participate in the Harvard Kennedy School's Social Impact Bond (SIB) Technical Assistance Lab.
  - Harvard will provide technical assistance to the state in its pursuit of "pay-for-success" private funding for innovative approaches to improving and enhancing substance abuse services.
  - The majority of families the Department serves are impacted by substance abuse or co-occurring issues such as domestic violence, mental illness, unemployment and/or lack of stable housing.
  - Under a SIB model, government partners with service providers and private investors to fund prevention-focused social programs.
- DCF also was selected by the National Governor's Association as one of just seven states to participate in the Three Branch Institute on Child Social and Emotional Well-Being.
  - The Three Branch Institute will help states develop a comprehensive framework and innovative strategies to promote and measure the well-being of children in foster care by more effectively aligning the work of the three branches of state government.
  - The goal is to promote long-term self-sufficiency through increased access to supportive services from the Department as well as the Department of Social Services and other human service agencies.

Results Based Accountability

- A collaborative effort with the CT General Assembly, Results Based Accountability (RBA) involves the development of performance measures answering three key questions:
    - How much did we do?
    - How well did we do it?
    - Is anyone better off?
- Since 2011, over 150 staff has been trained in RBA.
- The Legislature's CTKids Report Card and the Department's strategic plan address four domains: health; stability; safety; and future success.
- The Department has made significant progress in developing RBA performance measures for all contracted services. The process should be completed by late 2014.
- Operational Strategies, outlined in the Performance Expectations section below, have been developed within an RBA framework.

Performance Expectations

- In late 2013. Commissioner Katz identified ten performance expectations for Calendar Year 2014 to prioritize and guide work on the agency's strategic plan.
- Each facility, region, and key operating division has developed a set of operational strategies to achieve the Commissioner's performance expectations.
- Performance is reported and shared with the Department's expanded management team on a regular basis.
- Calendar Year 2015 performance expectations are currently under development, and regions, facilities, and divisions will develop corresponding strategies by the end of CY2014.