

Connecticut Department of Children and Families



Vannessa Dorantes, Commissioner
Jodi Hill-Lilly, Deputy Commissioner
Michael Williams, Deputy Commissioner
Established - 1970
Statutory Authority - CGS Chap. 319
Central Office: 505 Hudson Street, Hartford, CT 06106

Average number of full-time employees – 2800
Recurring Operational Expenses SFY22 \$741,163,507.

Organizational Structure is as follows:

- Office of the Commissioner
- Administration
- Operations
- Strategic Planning
- External Affairs
- Legal Division
- Chief of Child Welfare Bureau
 - o Assistant Chief (Regions 1 & 5)
 - o Assistant Chief (Regions 2 & 3)
 - o 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
 - o North Campus (formerly Connecticut Children's Place, located in East Windsor)
 - o 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. The recently approved Family First Prevention Services Act (FFPSA) requires the system to explore promising practices and evidence-based practices for children and families across the state's various human services systems. The shift will be from a system focused primarily on child protection to a collaborative child welfare system focused on prevention and early intervention. This work is a continued progression towards providing a holistic system of care that builds on the Department's long-standing 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

SFY22 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 SFY22, the Department responded to reports of abuse and/or neglect to over 25,000 families. On any given day, approximately **1,500** Investigation and **2,200** Family Assessment responses are in process.

- During SFY22, the Department provided some form of Ongoing Services to over **10,500** families. On any given day, approximately **1,900** families are receiving CPS In-Home services, and approximately **3,275** children are in some type of placement.
- During SFY22, **1,239** children entered DCF care and custody. However, **1,751** children that had been in our care were discharged, 85% of which were to some form of Permanency exit, including: 493 children Reunified, 412 children with Guardianship transferred, and 533 children with finalized Adoptions.

Reports of Abuse and Neglect

- The Careline received approximately 118,072 calls during SFY22, an increase of almost 19% compared to the 99,339 calls in SFY2021, with an additional 7,185 reports submitted through web-based submission methods
- Of those calls/online reports, 62,920 were reports of child abuse and/or neglect
- Of those reports, 44.3% were accepted for a Differential Response (either Investigation or Family Assessment)
- Mandated Reporters provided over 85% of those reports

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

Year	Total Reports	Total MR	% MR	Total Accepted	% Accepted
2014	49,938	38,007	76.1%	29,849	59.8%
2015	51,339	39,793	77.5%	29,278	57.0%
2016	52,417	40,979	78.2%	30,663	58.5%
2017	54,165	43,814	80.9%	31,299	57.8%
2018	59,152	49,825	84.2%	28,748	48.6%
2019	67,518	58,043	86.0%	29,127	43.1%
2020	51,932	43,034	82.9%	21,266	41.0%
2021	56,196	44,841	79.8%	24,886	40.5%
2022	62,920	53,754	85.4%	27,875	44.3%

- Of the Accepted reports, over 55% were handled through a Family Assessment
- Of the reports that were Investigated, 28.7% had at least one Substantiated allegation of abuse and/or neglect

Improvements/Achievements 2021-2022

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 key results are:

- Children are able to live safely with their families.
 - The federal Children’s Bureau approved our Family First Prevention Services Act 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 77.1% 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.
 - 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.
 - 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.
 - The percentage of children in DCF placement in kinship care (including relative and kinship foster homes) as of July 1, 2022, increased to 42.0% compared to 21.0% of all children in care on January 1, 2011.
- Children will live with a family
 - The percentage of children in DCF placement in family care (including core and kinship foster homes) as of July 1, 2022, increased to 86.0% compared to 67.5% of all children in care on January 1, 2011.
- Children will be in congregate care settings rarely and briefly
 - The percentage of children in DCF placement in congregate care as of July 1, 2022, declined to 6.0% compared to 29.8% of all children in care on January 1, 2011.
 - The number of children ages six and under in Congregate Care settings declined to 3 as of July 1, 2022, compared to 38 on January 1, 2011.
 - The number of children ages 12 and under in Congregate Care settings declined to 19 as of July 1, 2022, compared to 200 on January 1, 2011.
 - Out-of-state Congregate Care placements fell to 5 as of July 1, 2022, 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
 - This measure was one of those required under the Juan F. Consent Decree Exit Plan that the Court Monitor certified as having been successfully met in March 2022.
- 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 Services

Implementation of CT's Family First Prevention Services began in August 2020 and involved parents/caregivers in two significant areas, the development of the community pathway for “upstream families” to access Family First Prevention Services and Programs and informing the training curriculum to strengthen staff skill set to ensure that caseworkers understand the specific details of Family First and available evidence-based practices.

Family First also created a new model called Qualified Residential Treatment Program (QRTP), a trauma-informed treatment model designed to address the clinical needs as appropriate of children with severe emotional or behavioral disorders or disturbances. To ensure that the needs of the youth and families are met, the Department will collaborate with the Superior Court for Juvenile Matters, responsible for providing ongoing judicial oversight of the placement, ensuring that it is the least restrictive and is consistent with the youth’s permanency plan needs.

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:

- During SFY22, of the total number of accepted reports, 55.5% were assigned to the FAR track.
- Since implementation, 74,929 families received a FAR.
- 71.9% of FAR families did not have a subsequent report within a 12-month period following FAR disposition.
- Statewide, 89.7% of FAR families did not have a Subsequent Substantiated Report (SSR) within a 12-month period following case disposition.

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

The Department continues to build a teaming continuum that ensures that child and family voices are heard throughout every stage of the child welfare process. The purpose of CR-CFTMs are to: bring family members to the table when DCF is initially considering removal of a child from the home using families’ natural networks as resources to mitigate the safety factor and, when necessary, for placement; provide an

opportunity to collaboratively plan with parents, legal guardians, children and professionals involved with the family to develop specific, individualized interventions for children and families; expand services and supports for families at the community level; and develop specific safety plans for children at risk of removal from their homes.

The following represents CR-CFTM data for SFY 2022:

- 2035 child-specific meetings have been held, involving 1,176 families.
- 85.5% of meetings occurred prior to the child's removal.
- Of the meetings held prior to a removal, 77.1% did not recommend removal.
- Of those recommended for removal, 69.4% 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 in the belief that families would be better served in their own community without DCF involvement and aligns well with the Family First Legislation and prevention mandate. The IFCS engages families while connecting them to concrete, traditional and non-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, reduction in child maltreatment and several performance indicators and are:

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

In SFY 2022, 1,283 referrals were made to the program.

- 91.7% of families engaged in the program through the development of a plan of care and 81.4% percent of the care plans were created within 45 business days
- 95.8% of families did not have a subsequent substantiated report during their involvement with IFCS (through March 2022 due to quarter lag)
- 64.6% of families met their priority goals as a result of the intervention
- 95.0% of families did not have a subsequent substantiated report within 6-months of discharge (through March 2022 due to quarter lag)
- At time of discharge, 93% of families were satisfied with the services they received.

Voluntary Care Management Program

Voluntary Care Management is a DCF funded program (Beacon Health Options) 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 case work, 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 Beacon Health Options along with the Office of the Health Care Advocate to ensure all insurances have been optimized. In SFY 2022, 490 referrals were made to the program and of these, 465 are unique referrals.

CT 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 will become our way of thinking about child safety and a strategy of collecting critical information to help inform our safety decisions in real time. The 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 our strong safety practices, including the continued use of our SDM Safety Assessment and Considered Removal Child and Family Team Meetings, new features were developed 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 a continuum from beginning level to advanced that will help operationalize the model and serve as a foundation for training and supervision.

This year, all the documents were finalized and approved by the statewide Implementation Team. As we move toward enhancing our implementation efforts, subcommittees will be established in the following key areas:

- Data (to develop a CQI structure, including key safety decisions to ensure we're not contributing to disparities)
- Policy/Practice Guidance (to ensure the ABCD Paradigm is fully embedded in our current policies/safety planning practices)
- Workforce
- Systems/External training

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

Continuous Quality Improvement Systems

In April 2021, the agency launched ChildStat, a CQI and management process to assess Area Office Performance and engage in structured discussions about strategies for improvement. Each office has currently presented three times and are presenting on a uniform set of performance measures that align with our 7 Key Results, and which are consistent with the Federal Performance Measures. Efforts are made to examine disparate outcomes by race/ethnicity of children impacted by each performance measure assessed through ChildStat and all other CQI processes. Achieving Racial Justice and the elimination of racial and ethnic disparate outcomes within the Department is one of the five strategic agency goals, and we have elevated our commitment to becoming an anti-racist organization whose beliefs, values, policies and practices achieve racially just outcomes.

In March 2022, CT successfully exited the Juan F. Consent Decree after the Department achieved certification of all outcome measures and the Court Monitor voiced his confidence in the Department's infrastructure to continually improve performance and outcomes following exit. The Department has continued to invest in a robust Quality Management and Continuing Quality Improvement (CQI) environment. The Bureau of Strategic Planning, which includes CQI, Administrative Case Review, and Data, 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. Through ongoing quality data collection, in conjunction with case record reviews and reviews of administrative data, national indicators and research, the agency continues to make practice and policy changes to improve performance.

Consistent with DCF's commitment to being a learning organization to improve outcomes, CQI relies on qualitative and quantitative data to guide improvement efforts and recognizes the importance of partnership with the field staff, child welfare leadership, and key stakeholders. In SFY22, CQI conducted over 5,800 case practice reviews and 10,362 Administrative Case Reviews (ACR). Case practice reviews are focused on areas of the work including Careline report acceptance, differential responses, child/sibling visitation, and CPS In-Home practice. ACRs are focused on a wide variety of quality issues concerning children in placement.

DCF has also continued to maintain a partnership with UCONN focused on our Differential Response System practice and convenes a monthly Research to Practice meeting inclusive of CQI staff, Child Welfare leadership, and staff from the field. This has proven invaluable to helping staff understand the data related to intake and outcomes and has also better informed our research partners in the work.

Finally, DCF is proud 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-Lilley 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 and impact of safety science and data sharing to system change and reform. DCF incorporated the safety science framework as a foundation for our Safe and Sound employee practice model. Safety science processes help the agency understand complex factors that influence decision-making, and provides a safe and supportive environment for professionals to process, share and learn from critical incidents to prevent additional tragedies. The Partnership also strengthens accountability, promotes collaboration to improve child safety outcomes by sharing data and applying a common set of strategies. These strategies include implementing a standardized platform for critical incident review and reporting of data, comparing critical incident and team culture data and the sharing of cross-jurisdictional messages on practice. Just as transportation industries apply safety science as a tool to better understand and prevent injury and fatalities, DCF is dedicated to working collaboratively to develop approaches and share information that will help prevent child abuse and fatalities and support more families in keeping children safe and thriving in their own homes.