At a Glance FY 2024

Jodi Hill-Lilly, Commissioner
Michael Williams, Deputy Commissioner
Joyce Taylor, Deputy Commissioner
Established - 1970
Statutory Authority - C.G.S. Chap. 319
Central Office: 505 Hudson Street, Hartford, CT 06106
Number of employees – 2805
Recurring Operational Expenses SFY23 $808,866,468

Organizational Structure is as follows:

- Office of the Commissioner
- Child Protection & Permanency
- Administration
- Behavioral Health & Wellbeing
- Continuous Quality Improvement
- External Affairs
- Government Relations & Policy
- General Counsel
- Fiscal and Support Services
- Chief of Child Welfare Bureau
    - Assistant Chief (Regions 1 & 5)
    - Assistant Chief (Regions 2 & 3)
    - Assistant Chief (Regions 4 & 6)

Regional/Area Offices

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Bridgeport Norwalk	Milford New Haven	Middletown Norwich Willimantic	Hartford Manchester	Danbury Torrington Waterbury	Meriden New Britain

Facilities

- The Albert J. Solnit Children's Center
    - North Campus (formerly Connecticut Children's Place, located in East Windsor)
    - South Campus (formerly Riverview Hospital, located in Middletown)
- The Wilderness School (based in East Hartland) which celebrated its 50th Anniversary in 2023

Mission

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

Six Strategic Focus Areas

- *Safety - Keep children and youth safe, with focus on most vulnerable populations.*
- *Permanency - Connect systems and processes to achieve timely permanency.*
- *Child and Family Well-being -Contribute to child and family wellbeing by enhancing assessments and interventions.*
- *Prevention - Early upstream interventions and support for families*
- *Racial Justice - Eliminate racial and ethnic disparate outcomes within our department.*
- *Workforce - Engage our workforce through an organizational culture of mutual support.*

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) and youth detained in locked facilities (Juvenile Justice Education Unit). 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. Commissioner Hill-Lilly has directed the Department to concentrate on the 0-5 population and our adolescents transitioning into adulthood. This will be accomplished by enhancing safety practice service systems for these populations. This work is a continued progression towards providing a holistic system of care that builds on the Department's longstanding mandate to ensure delivery of a network of quality public behavioral health services for children as described at www.plan4children.org.

Department Data and Information

SFY 24 Children and Families Served

- On any given day, the Department provides direct services to approximately 20,200 children and 9,200 families across its programs and mandated areas of service.
- Approximately 3,200 children are in the care and custody of DCF who can not remain safely at home.
    - 34% are 0-5 years old
    - 21% are 6-11 years old
    - 28% are 12-17 years old
    - 4% are 18 years old
    - 13% are over 18 years old
- 49% of children in care are placed with family members or fictive kin (a responsible adult who has a family-like relationship with the child.)
- Less than 7% of youth in care are in a congregate setting.
- During SFY24, the Department responded to over 31,000 reports of abuse and/or neglect, representing over 25,000 families. On any given day, approximately 1,700 Investigations and 2,400 Family Assessment responses are in process.
- During SFY24, the Department provided some form of Ongoing Services to over 10,800 families. On any given day, over 1700 families are receiving CPS In-Home services, and approximately 3,127 children are in some type of placement.
- During SFY24, 1,572 children entered DCF care and custody. However, 1,521 children who had been in our care were discharged, 77% of which were to some form of Permanency exit, including: 482 children Reunified, 271 children with Guardianship transferred, and 432 children with finalized Adoptions.

Reports of Abuse and Neglect

- The Careline received 120,735 calls and online reports during SFY24.
- Of those calls/online reports, 67,209 (56%) were reports of child abuse and/or neglect
- Of those reports, 31,562 (47%) were accepted for further assessment.

- Mandated Reporters provided 87% of those reports

Below are the number of Child Protective Services Reports from SFY years 2019 through 2024:

SFY	Total Reports	Total MR	% MR	Total Accepted	% Accepted
2019	67,518	58,043	86%	29,127	43%
2020	51,932	43,034	83%	21,266	41%
2021	56,196	44,841	80%	24,886	41%
2022	62,920	53,754	84%	27,875	44%
2023	67,778	58,263	86%	30,591	45%
2024	67,209	57,438	85%	31,562	47%

- Of the accepted reports, over 59% were handled through a family assessment response.
- Of the reports that were investigated, 28% had at least one substantiated allegation of abuse and/or neglect.
- PA 24-41 was critical legislation that significantly updates the mandated reporter laws to provide important guidance for mandated reporters and ensure families are not subjected to unnecessary child protection service involvement. Key provisions are:
    - Explicitly allows mandated reporters to conduct preliminary inquiries with a child to determine if there is reasonable cause to make a report.
    - Provides a good faith exception in the law if a mandated reporter does not make a report if the reporter believes no abuse or neglect occurred.
    - Merged failure to report penalty statutes under one section. (C.G.S. section 17-101o)

Improvements/Achievements 2023-2024

I. 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 operations work to deliver. These results are deliberately aspirational. As part of a larger child welfare system, DCF works in partnership to ensure a holistic understanding of what children and families deserve from us. The key results for 2023-24 are:

- **Children are able to live safely with their families.**
    - We are enacting the state's 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. There is an update below under "Prevention through an Enhanced Service Array."
    - The Department continues to make advances in case practice, continuing quality improvement efforts, increasing effective cross-system collaborations and

enhancing the depth and breadth of our service array to better serve the CT population. These efforts resulted in a successful exit from the Juan F. Consent Decree in March 2022.

- DCF continues to improve our work with fathers to strengthen their ability to care for their children and collaborate with DCF. This year we hired a Director of Fatherhood Services to work with community partners and our area offices to develop best practices to seek out and engage with fathers. The Director also represents the Department on the CT Fatherhood Initiative housed in the Department of Social Services (DSS).

- **Children will live with relatives, kin or someone they know.**
  - The Department has sought to increase kinship placement for children entering care to improve placement stability and support permanency planning. The Department has improved its initial kinship placement percentage from 42% in SFY 2019 to 53% in SFY 2024.
  - PA 24-79 streamlines the process for kin and fictive kin caregivers to be licensed by DCF. The act eliminates the unnecessary practice of having two separate FBI background checks and fingerprinting for residents of the home. DCF is also establishing new regulations and policy in accordance with new federal rules that will allow CT to receive Title IV-E reimbursements from the moment a child is placed with kin or fictive kin rather than upon licensure. These practice shifts will make it much easier for children to be placed with adults they know and trust when staying in the parental home is no longer safe.
  - The Department's Foster Care Division has contracted with Chapin Hall to develop the Connecticut Kinship Navigation (CKIN) model that is a key function of the Caregiver Practice Model and serveds as our Kinship Navigator program. CKIN is designed to place children that must come into DCF care with relatives or people they know and assist those caregivers as they take on this enormous responsibility. Our CKIN steering committee has made great progress this past year to implement and evaluate all CKIN activities. A continuing quality improvement team has been established for CKIN and are in the midst of developing best practices based on the implementation challenges that have occurred. Focus groups were assembled so we could learn from the families we are working with where the system can be improved and what services are missing or need improvement. We anticipate statewide implantation in 2025.
  - As a key component of the continuum, the Department implemented Considered Removal – Child and Family Team Meetings (CR-CFTMs) statewide. CR-CFTMs are held when a child is being considered for removal as a result of a safety factor being identified. Their purpose is to engage the family and their support in safety planning efforts and placement decisions. This process is regularly refined, and we are updating our policy to build our latest safety practices into the CR-CFTMs.
  - During the FY24, 2363 child-specific meetings were held, with 82% of meetings occurring prior to the child's removal.
  - Kinship care continues to be the primary placement recommended for children who are the subject of a CR meeting. This trend has been consistent since

implementation. During the FY24, 80% of children were recommended for placement in kinship care, a slight decrease from the prior year.

- **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, 2024 was 82% compared to 68% 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, 2024, remains very small at 6% compared to 30% of all children in care on January 1, 2011.
  - Due to recent issues with some congregate settings, the Department embarked on reforming the Short-Term Assessment and Respite programs which provide youth between the ages of 13 and 17 with a place to stay as their behavioral health and placement needs are addressed. The enhancements include renaming the program to better illustrate what the service provides to Specialized Trauma-informed Treatment, Assessment and Reunification (STTAR) homes. Additionally, DCF has committed resources to:
    - Increase staffing and training
    - Reduce the census of each home by 1 youth
    - Enhance therapeutic treatments offered at the homes
    - Create two new treatment settings called Intensive Transitional Treatment Centers for youth with higher treatment needs that can't be met at the home but don't require longer term placements
    - Expedite transitions to higher levels of care (Solnit PRTFs) when necessary
- **Children will experience timely permanency**
  - Results on federal indicators for Recurrence of Maltreatment, Placement Stability, and Permanency in 12 Months for those in-care 12 – 23 and >=24 months all show that Connecticut is achieving the national standard for the latest reporting periods available and is equivalent to national performance. Unfortunately, performance on the Permanency in 12 Months from Entry measure did not meet the standard and remains our most significant challenge with a widening gap of about 13% between current and expected performance. We continue to assess the barriers to timely permanency and seek strategies to improve this outcome measure.
- **Children in care will be better off**
  - The pandemic exposed gaps in an otherwise strong children's behavioral health continuum in our state. Governor Lamont's budget provided funding to create 4 Urgent Crisis Centers (UCCs). The UCCs are licensed and funded by DCF. They are aimed at diverting parents of children in behavioral health crises from making visits to hospital emergency rooms. All 4 UCCs are operational. They are located in Hartford, Waterbury, New Haven and New London.
  - To lift up our behavioral health practice and treat children from a holistic approach, Commissioner Hill-Lilly combined our behavioral health and physical health mandate under a new Behavioral Health & Wellbeing Division.

- DCF created the position of Director of Child Safety Practice and Performance to work with area office staff to ensure safety practice is tight and recommend improvements in our ABCD Child Safety Practice Model. The model focuses on the ABCD paradigm, which is becoming our way of thinking about child safety. It is a strategy for collecting critical information to inform safety decisions in real time. The model focuses attention on the following areas critical to assessing child safety:
    - A= Adult parental protective capacities
    - B= Behaviors that are harmful
    - C= Child Vulnerability
    - D= Dangerous Conditions

  More information is available below under "Child Safety Practice Model."

II. CT Child Safety Practice Model

CT's Child Safety Practice 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 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 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.

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 designed to enhance skill building and development, facilitate information sharing, and promote critical thinking. DCF's Practice Profiles identify specific skillsets, along a continuum from beginning level to advanced, that will help operationalize the ABCD Child Safety practice model and serve as a foundation for training and supervision. Practice Profiles were originally conceptualized by the National Implementation Network (NIRN).

DCF created three types of Practice Profiles as follows:

(1) Safety Assessment and Safety Planning for DCF Frontline Staff
(2) Safety Assessment and Safety Planning for DCF Supervisors
(3) Safety Assessment and Safety Planning for Community-based Partners

In addition, Discussion Guides in specialized areas were created to promote deeper communication and discussions between DCF and our community partners. Five Discussion Guides are being created in the following key areas:

(1) 0-5 Population
(2) Intimate Partner Violence (IPV)
(3) Mental Health
(4) Substance Use
(5) Developmental Disabilities

The Department aligned 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. We have been

engaging in a co-design process to help staff implement the principles of the model in ways that demonstrate our anti-racist values while always holding child safety paramount.

The Community Provider Academy has offered external training of the ABCD Child Safety Practice Model to all provider agencies across CT. As we move toward sustaining and enhancing our ABCD Child Safety Practice Model, further development of a CQI structure will continue to be an area of focus.

III. Racial Justice

DCF has maintained unequivocal commitment to being an anti-racist child welfare agency whose beliefs, values, policies, and practices seek to eliminate racial and ethnic disparities. The Department continues to elevate the focus on racial equity and provide support for children and families of color, who have been historically and systemically disadvantaged, underserved, or marginalized.

DCF acknowledges that children and families of color are disproportionately overrepresented system-wide and experience disparate outcomes at all levels in comparison to white children and families. Our progress in fair assessment and equitable responsiveness is evident across the Department's structures, policies, practices, norms, and values. Furthermore, a strong collaboration with our community partners is needed to address how programs and policies may perpetuate systemic barriers and pursue comprehensive approaches to advance equity and support for those who have been underserved, marginalized, or adversely affected by social determinants of health.

DCF routinely disaggregates outcomes data by race and ethnicity to identify disparities. This allows DCF to assess our progress in reducing disproportionality and disparities across its pathway (e.g., decision points/events) through calculation of 'Disparity Index'. Collectively, the current Disparity Index trends demonstrate that DCF must continue to identify opportunities to reverse trends in racial/ethnic disparities. To these ends, individual Area Offices are implementing targeted strategies to address specific pathway decisions points (Change Initiatives), with some offices beginning to see progress which may result in learning that can be spread statewide. Of note, contributing factors that impact the racial/ethnic disparities in outcomes include lower service availability, need for multiple language service delivery, limited transportation options, and higher housing instability present in some communities.

The Statewide Racial Justice Workgroup (RJW) provides guidance to divisions, facilities, regions and the four RJW Subcommittees on developing, facilitating, and implementing operational strategies through a racial justice/ anti-racism perspective, identifying and facilitating access to specialized linguistic services to meet the needs of diverse populations, providing guidance and support of service delivery for the Deaf and Hard of Hearing individuals, case consultation, coaching, and co-chairing the Statewide Diversity Action Teams (DAT) and supporting DAT local leads across the state in partnership with the Office of Diversity and Equity (ODE).

DCFs OCMA publishes a quarterly newsletter, "I.M.P.A.C.T. Inspiring Meaningful Progress Towards Anti-Racist Change & Transformation" to the DCF workforce. The "I.M.P.A.C.T." newsletter serves to keep the workforce updated on data, news, current trends, an array of

resources, and trauma-informed, equitable approaches toward anti-racist change and transformation. The information shared through each newsletter is chosen with intention and purpose in elevating racial justice and equity in connection to our work.

IV. Prevention through an Enhanced Service Array

The Department continues to build upon its existing array of supports for children and families across Connecticut to both prevent them from having to come to the attention of the Department and prevent them from moving deeper into an existing system with which they are already involved.

The Community Pathways line was opened 10/1/24 and is a unique, strengths-based program serving all Connecticut families and their children under age 18 years. Referrals are accepted from families and community partners, leading to information, access, and connection to needed community-based supports and evidence-based interventions.

WeAreCt.org is a joint initiative between the CT Department of Mental Health and Addiction Services and the CT Department of Children and Families to more easily connect all residents to the state's extensive network of resources for prevention, mental health, and substance use recovery.

In the Department's updated Mandated Reporter training, an interactive "Roadmap" of supports has now been added which guides the viewers through an explanation of supports for children and families throughout the continuum in our state. It can be viewed here: Roadmap.

V. Connecticut Family First Prevention Services Activities

The federal Families First Prevention Services Act (FFPSA) and its family-centered policies have begun to pave the way to allow more children to remain safely in their own homes, families, and communities. When and if a child is to enter the Department's care, the Department will work towards achieving timely permanency while children are preferably placed with kin and ensure their medical, dental, academic achievement and mental health needs are met, while at the same time ensuring older youth are prepared to successfully transition out of the Department's care and assisting in identifying a positive adult that could continue to provide support.

The Department ensured a successful approval of the State of Connecticut's Family First Prevention Plan occurred by the Federal deadline (granted in January 2022). During FY24 the Prevention Care Management Entity (PCME) began operations, and DCF is continuing to work on expanding the availability of additional evidence-based practices included in the plan.

VI. Child and Families Service Plan

State child welfare agencies must submit a Child and Family Service Plan (CFSP) every five years to the U.S. Department of Health and Human Services, Administration of Children and Families. The CFSP is a strategic plan that sets forth the state's vision and goals to strengthen its child welfare system. It outlines initiatives and activities that the state will carry out over the next 5 years to administer and integrate programs and services to promote the safety, permanency, and well-being of children and families. This plan outlines and describes our strategic focus areas, goals, objectives, and strategies for realizing our vision and accomplishing our mission, as we strive for a better future for the children and families of

Connecticut.

Our five-year strategic plan, which is focused on achieving our vision where “Connecticut's children are safe and sound within loving and supportive families,” is centered on learning from and embracing the wisdom of families with lived expertise. Our enduring mission remains, which is based on carrying out DCF’s responsibilities by “Partnering with communities and empowering families to raise resilient children who thrive.”

This CFSP was designed in collaboration with community partners and directly informed by people with lived expertise. The plan is focused on enabling DCF work efforts by our enduring commitment to the Safety, Permanency, and Well-being of Connecticut’s children and families, improving outcomes through a greater emphasis on Prevention, continued efforts to address Racial Justice and equity challenges within the child welfare system, as well as enhancing engagement and support for the DCF Workforce.

VII. Continuous Quality Improvement Systems

The Department has continued to invest in a robust Quality Management and Continuing Quality Improvement (CQI) environment. The Bureau of Quality Improvement, 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 Connecticut's Family First 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 SFY24, CQI conducted over 5,800 case practice reviews and 10,362 Administrative Case Reviews (ACRs). Case practice reviews are focused on areas of 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 Commissioner Jodi Hill-Lilley 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. 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.

VIII. Alternative Caregiver Arrangements

Effective September 1, 2023, the department discontinued the use of Family Arrangements and moved to Alternative Caregiver Arrangements (ACA). The Family Arrangements practice began in 2013, for the purpose of stabilizing families with safety factors present and to be less traumatic for children who needed to move. Since that time the policy and practice have gone through multiple iterations designed to ensure child safety and increase monitoring and supervisory oversight.

Over the last several years, there has been a growing national concern over child welfare agencies' use of informal arrangements to divert children from entering care. Advocates and critics have referred to this concerning practice as "shadow" or "hidden" foster care. Based on this growing national concern and the findings from our internal case reviews, a multi-disciplinary implementation team was established to further develop our practice which resulted in the Alternative Caregiver Arrangement approach to families instead of the Family Arrangements approach. Alternative Caregiver Arrangements call for a shorter time period for a child to stay in an informal arrangement prior to involving juvenile court. It also strengthens the expectation for multi-disciplinary teaming with clinical, medical, and legal as needed.

IX. Engagement with Youth and Parents with Lived Expertise

The Department continues to engage youth and parents with lived expertise across all aspects of our work.

The Statewide Advisory Council includes youth and parents with lived expertise and provides the Department with recommendations pertaining to the budget, legislation, case practice, staffing and other aspects of the work. Each Region of DCF has a Regional Advisory Council (RAC) which has a similar makeup to the SAC and provides recommendations at a Regional level.

Each Region of DCF also has a Youth Advisory Board (YAB) comprised of youth in DCF care who similarly provide recommendations for improved case practice, service delivery, legislation and budget options. Quarterly, the Statewide Youth Advisory Board meets with Commissioner Jodi Hill-Lilly and the Executive Team to provide similar recommendations on a Statewide level. Input to the Department's Child and Family Services Plan (CFSP) and to inform the Child and Family Services Review (CFSR) self-assessment was gained by holding "listening sessions" with parents and youth with lived expertise to inform this work.

Lastly, the Department is in the process of hiring a young adult or parent with lived expertise to support the Chief Administrator of External Affairs and be embedded in all aspects of the Department's work to ensure the voice of youth and parents is elevated. This will include reviewing communications, policy, attending meetings and providing recommendations on family engagement, reviewing legislation and other related activities.

X. Youth who Age Out will be Prepared for Success

V.I.T.A.L. Practice Model: Policy and practice evaluation continues to support VITAL, which

is a practice approach driven by youth voice, innovation, accountability, engagement, and skill building. There have been several more Department training courses on the practice approach since 2021, as well as numerous public presentations to educate the community on the practice model. In addition, the Transition Supports and Success team has continued to facilitate Partners in Change (PIC) calls held with agency staff on a monthly basis, to promote and guide discussion on implementing various topics in the VITAL practice guide. PIC calls have been held in conjunction with experts from different community providers, agency division leads, and youth with lived experience.

Documentation After DCF: The department provides youth 18 and older who are discharging from care copies of the following documents: educational records; medical records including medical history of family members, to the extent known and as the law allows; original birth certificate and an extra copy; original social security card and an extra copy; passport; immigration and/or citizenship papers. Extensive efforts were made to inventory the needs of older youth specific to COVID-19 (returning from college campuses mid semester, ensuring technology needs for remote coursework, etc.)