

Connecticut Appropriations Committee RBA Template
Part II, Program/Agency/System Accountability Summary

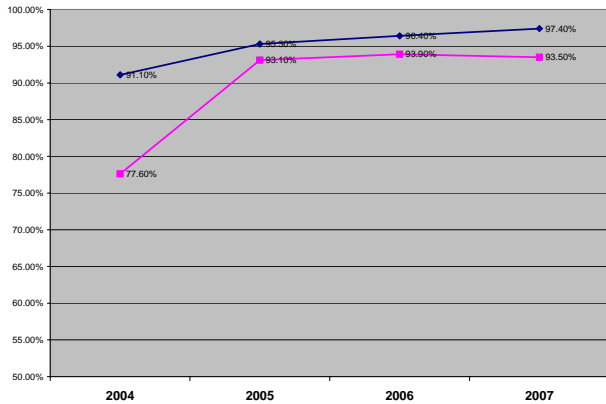
Program: Child Protective Services/Department of Children and Families

Quality of Life Result: Through Child Protection Services, and in particular the work of its foster care system, many services and interventions are aimed to assure that the needs of children, including their developmental needs, are met. Success in this assures that “All children are healthy and ready for school success by age 5.”

Program Purpose: To provide for the health, safety and permanency of children at risk of abuse, neglect and /or maltreatment.

Performance Measure 1 - Timely Investigation

Red = Commencement - Blue = Completion



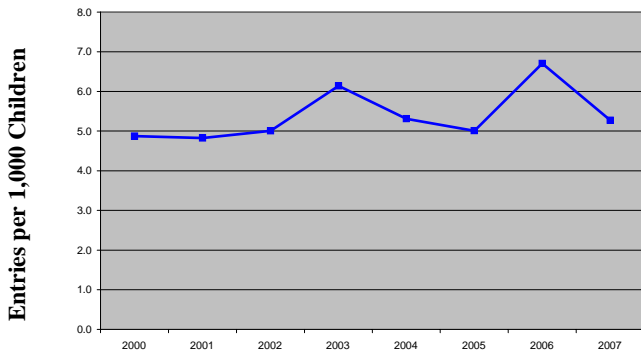
Story Behind Measure 1

These data points represent measures of child safety as indicated by timely commencement and completion of investigations.

This measure is important because investigations is the fact-finding process that gathers information, beginning at the report-taking phase of allegations of child abuse or neglect at the Hotline, and culminating in a documented determination of substantiation, non-substantiation, or regulatory violation. The crucial step in protecting children is the initial assessment of danger to the child; therefore, timely response to allegations is imperative.

Performance Measure 2 - Reduce Entry into Care

Incidence Rate of Entry - Children age <5 years at entry

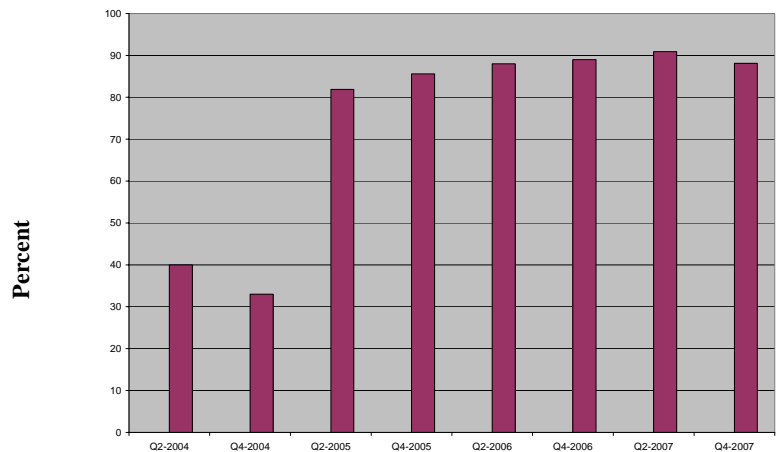


Story Behind Measure 2

This graph shows the incidence rate of entry into care for children 0 to 5. This measure is important because a safe and permanent family is the best place for children to grow up. Child Protection Services (CPS) should only intervene when parents request assistance or are unable to meet their children's basic needs. CPS should focus on family strengths; providing parents with the assistance needed to keep their children safe so the family may stay together. Furthermore, reducing entry into care will help ensure that the relatively scarce out-of-home care resources can be used for those children/youth who cannot safely or appropriately remain at home.

Performance Measure 3 - Social Worker Visits

% families receiving 2 protective services visits per month while residing at home Q2-04 thru Q4-07



Story Behind Measure 3

This measure is important because case worker visits are a critical component of strengthening families and promoting the health, safety and development of young children. Federal reviews show that when child welfare agencies have caseworkers who visit frequently (2 or more times per month) they are better positioned to assess children's risk for harm. Further they are better able to work with families and their changing needs, and to determine the effectiveness of goals and outcomes.

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Performance Measure 4 - Repeat Maltreatment
Maltreatment Recurrence Rates for Children Age 0-5

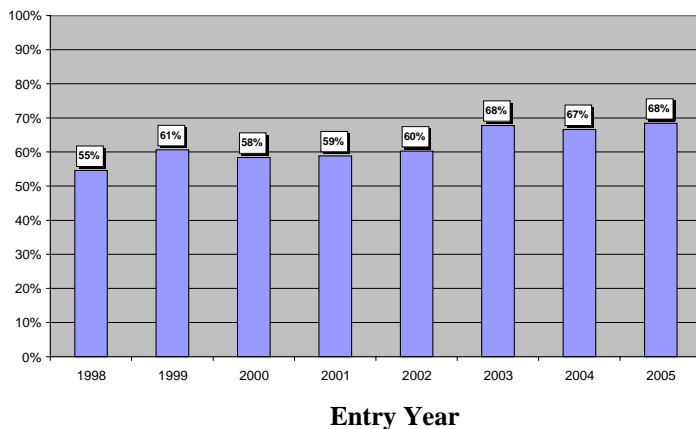
	w/i 6 months	w/i 1 year	w/i 1 year
Q1-2005	6%	5%	88%
Q2-2005	7%	4%	89%
Q3-2005	7%	6%	87%
Q4-2005	8%	5%	87%
Q1-2006	7%	5%	88%
Q2-2006	11%	3%	86%
Q3-2006	7%	4%	90%
Q4-2006	6%	6%	88%

Story Behind Measure 4

This table depicts the rate of maltreatment for children age 0-5 involved in an active protective services case. The rate of repeat maltreatment is a widely-used indicator of quality of child welfare practice. As more data becomes available, we will present it from an annual perspective.

Performance Measure 5 - Permanency

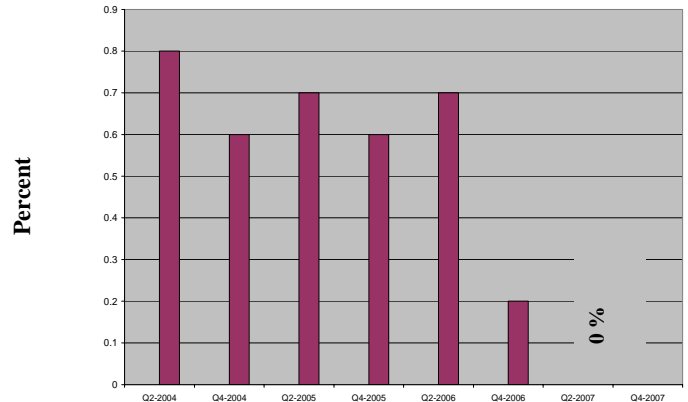
**Time in Out-of-home Care
Achieved Permanency in Two Years
Children Aged 0-5 at Entry**



Story Behind Measure 5

This chart shows the Department's performance in achieving permanency for children age 0-5. Timely permanency and assuring it is achieved for all children/youth in care is a central outcome measure in child welfare. To best protect a child's overall well-being, agencies want to assure that children move to permanency as quickly as possible.

Performance Measure 6 – Maltreatment Out of Home



Story Behind Measure 6

The graph above depicts the incidents of maltreatment by a substitute caregiver, that is, by an individual or individuals within DCF's foster care system, including its own employees.

Turning the Curves: What do you propose to do over the next two years and why?

No-cost/low-cost action steps include:

- Improving Procurement, model development, contract and program management.
- Shifting to a more individualized and non-categorical approach to case work and service provision-allow for more person-centered services and more front-end and immediate types of interventions.
- Developing greater knowledge about families with multigenerational involvement with our CPS system and why some children/youth experience multiple placements and multiple incidents of repeat maltreatment more than others.
- Improving our organizational effectiveness through data development, particularly in areas
- Enhancing our workforce with an emphasis on building skills
- Enhance our service array by:
 - Continuing to develop our community-based system of care;
 - Continuing to enhance our processes to assure the most clinically appropriate course of treatment and set of interventions;
 - Continuing to bring greater resource equity across service types, especially in the areas of prevention/early intervention.

Key Budget Information*	
Total Current Program Year Funding	252,934,753
Funding as Percent of All Funding for Population Result	N/A
Program Funding As Percent of Total Agency Budget	28.08%
Funding Distribution	
Total Federal Funds	7,308,078
Total State Funds	245,626,675
Percent of Total Current Funding Contracted to Third Parties	15.5%

*Entire CPS budget, not just children 0-5

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**Connecticut Appropriations Committee RBA Template
Part II, Program Accountability**

Program: Child Protective Services/Department of Children and Families

Program Purpose: To provide for the health and safety and permanency of children at risk of abuse, neglect and /or maltreatment.

Contribution to Population Result:

Young Children Birth to 5 require stable, nurturing environments that assure their health, safety and permanent attachments in order to reach their full developmental potential and be ready for school. When parents are not able or available to care for their children the child's health, mental health and developmental needs must be met. Through Child Protection Services, and in particular the work of its foster care system, many services and interventions are aimed to assure the needs of children, including their developmental needs, are met. Success in this assures that: "All children are healthy and ready for school success by age 5."

Key Budget Information*

Total Budget SFY 08	\$876,486,294
Total Current Program Year Budget for Out of Home Care	\$252,934,753
Funding as Percent of All Funding for Quality of Life Result	NA
Program Funding as Percent of Total Agency Budget	28.08%
Federal	\$7,308,078
State	\$245,626,675
Total Current Funding Spent on Direct Service	\$250,594,444
Total Current Funding Contracted to Third parties	\$39,199,859
Percent of Total Current Funding Spent on Direct Services	99.07%
Percent of Total Current Funding Spent on Contracted Services	15.64%

* Entire budget for CPS. It is not possible to identify the percent dedicated to children 0-5.

Basic Program Facts:

Every state has a public agency that is charged with the responsibility of protecting children. The Department of Children and Families is the agency within Connecticut charged with ensuring safety when a child is abused, neglected or maltreated or when a caregiver is unable or unwilling to protect his or her child. In this context, DCF asserts that all children have a basic right to grow up in safe and nurturing environments and to live free from abuse and neglect. All children are entitled to enduring relationships that create a sense of family, stability and belonging.

With these principles in mind, the DCF invests resources into providing for children's immediate safety through timely investigations of allegations of abuse, neglect and maltreatment. In addition, once an incidence has been investigated and substantiated, the DCF provides a structured process and a set of interventions and services which are intended to promote the strengthening of families in an effort to maintain continuity in children's care and attachment.

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Caseworkers are assigned to work with families to identify needs, provide information and support and monitor the safety of children.

Ultimately, the goal of all interventions and services is that children will be nurtured in safe, emotionally healthy environments and that there will be no episodes of continued maltreatment

Key Performance Measures:

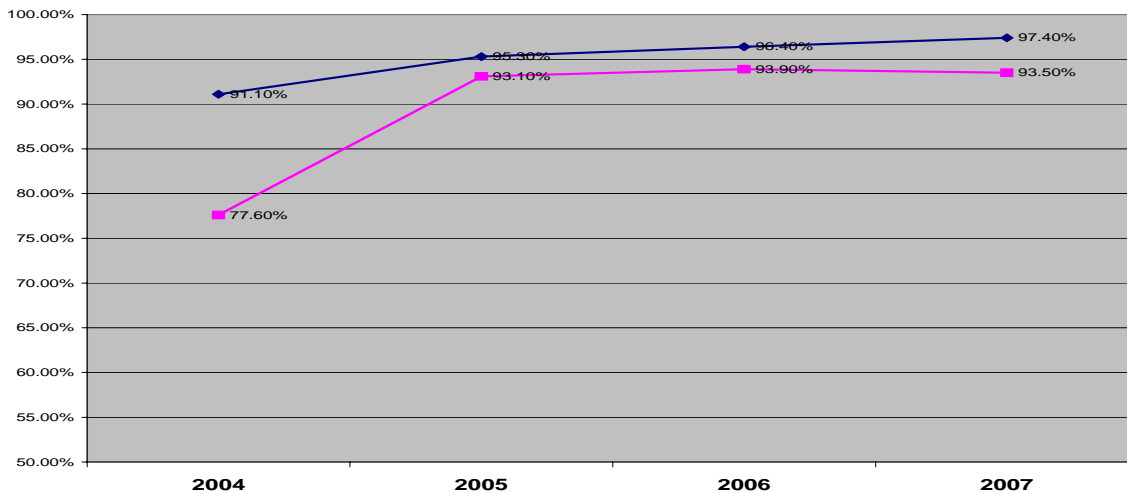
1. Provide for immediate safety of children through **timely investigation** of allegations of abuse.
2. Through effective services and interventions, reduce the likelihood that a child will **enter DCF custody**.
3. Promote children’s safety, health and development through frequent **in-home monitoring** of child safety and parental engagement for DCF open in-home cases.
4. Promote lasting change in families through provision of services **that prevent re-occurrences of abuse, neglect and maltreatment**.
5. Reduce time for those in out-of-home care by achieving **timely and successful permanency** for children without increasing re-entry.
6. Assure that children in out-of-home care are not victims of **substantiated maltreatment by a substitute caregiver**.

Performance Measures and Story Behind the Baselines

Performance Measure 1:

Percent of investigations commenced and completed in a timely manner.

Red = Commencement - Blue = Completion



Story Behind Measure 1

The above data points represent measures of child safety indicated by commencement and completion of investigations. The DCF currently does not disaggregate reports by the age of the child; however, this data may be considered a proxy measure of the population of children birth-5 since the above measure represents referrals of cases involving all children birth to 17. This report is different from last year only in that both commencement and completion of

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Investigations is being shown--last year only commencement was provided. These two measures have been a component part of the *Juan F. Exit Plan* and have been a key focus for the Department. Largely through resource management and supervision we have significantly increased and sustained the timeliness of our investigations as revealed by the above chart.

This measure is important because investigations are the fact-finding process that gathers information, beginning at the report-taking phase of allegations of child abuse or neglect at the Hotline, and culminates in a documented determination of substantiation, non-substantiation, or regulatory violation. The assigned investigator must acquire and analyze information to determine whether a child has been abused or neglected and is in need of protective services or other services offered by the Department or the community to ameliorate identified risks.

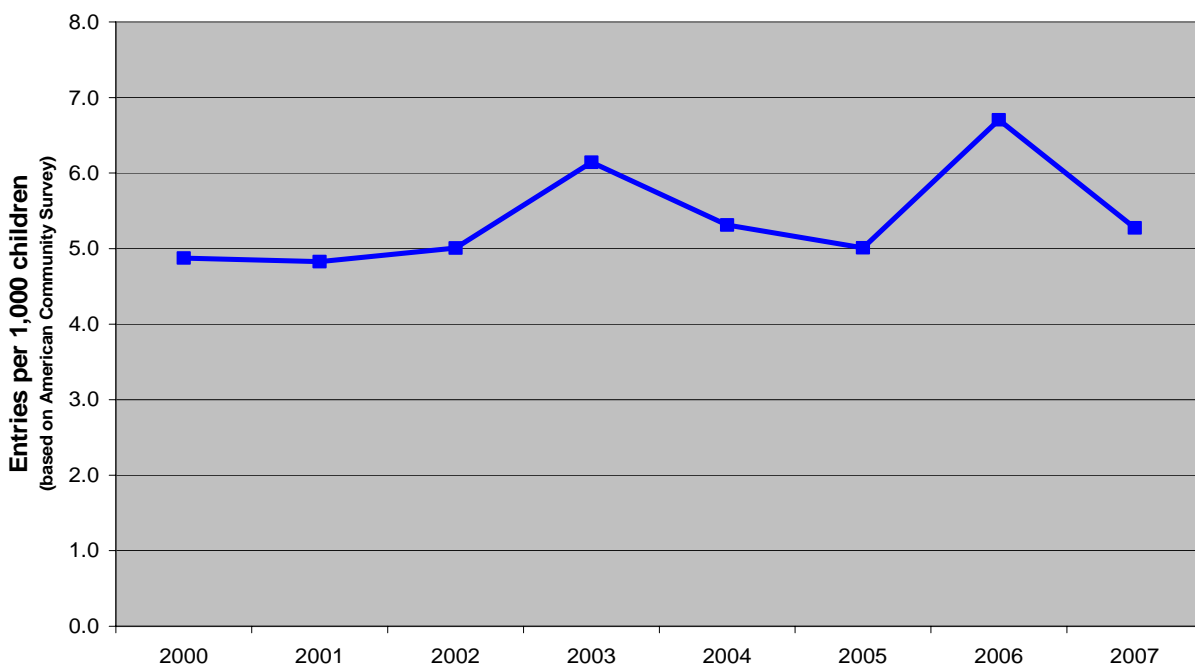
The “commencement of an investigation” occurs when the DCF investigator attempts to make face-to-face contact with the parent or person responsible for the child’s care, and/or with the child (ren). An “attempt” at face-to-face contact is made when the investigator visits the home, school or other setting, in an effort to interview the child (ren) and family members regarding the allegations of abuse or neglect. (See DCF Policy 34-4).

At that time, the intake interview will focus on specific events and circumstances related to the alleged maltreatment. The investigation will consider child vulnerability, caregiver functioning and the presence of danger or family conditions that could represent foreseeable danger. A report is “prioritized” by the DCF Hotline when it designates a response time of the same calendar day, 24, or 72 hours for the commencement of the investigation.

The crucial step in protecting children is the initial assessment of danger to the child; therefore, timely response to allegations is imperative. DCF aims to complete its investigations 45 calendar days from the acceptance of a report by the DCF Hotline.

Performance Measure 2:

**Incidence Rate of Entry
Children aged <5 years at Entry**



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Story behind Measure 2

The above graph shows the incidence rate of entry for children 0 to 5. It is a population-based depiction of the likelihood of a child in this age range being removed from the home by DCF. It is useful, but given the dwindling population of children age 0- to 5 in the state in recent years, the rate has correspondingly fluctuated. Taking the population trends into account, the chart actually reveals a mostly persistent percentage.

Placing this performance in a national context is a bit difficult given the age ribbon chosen for purposes of this report. Still, as an explicit Outcome Measure in the *Juan F.* Exit Plan, we know that we have averaged 7.4 % over the last two years. This is compared to the most recent available data on the national level: median percent of 9.7 and mean percent of 10.7 (Child Welfare Outcomes 2003: Annual Report, ACF).

On these matters, the Department has found that taking multiple views on this question is critical to truly understanding practice and caseload dynamics. For example, it is notable when looking at caseload types (In-home versus Out-of-Home) you learn that in recent years fewer children involved with DCF receive care out-of-home. In fact, there has been a 14% reduction since April 2004 in the number of children in out-of-home care.

This measure is important because a safe and permanent home and family is the best place for children to grow up. Every child has a right to adequate care and supervision and to be free from abuse and neglect. It is the responsibility of parents to see that the physical, mental, emotional, educational, and medical needs of their children are adequately met. Child Protection Services should only intervene when parents request assistance or are unable, by their acts or omissions, to meet their children's basic needs and keep them safe.

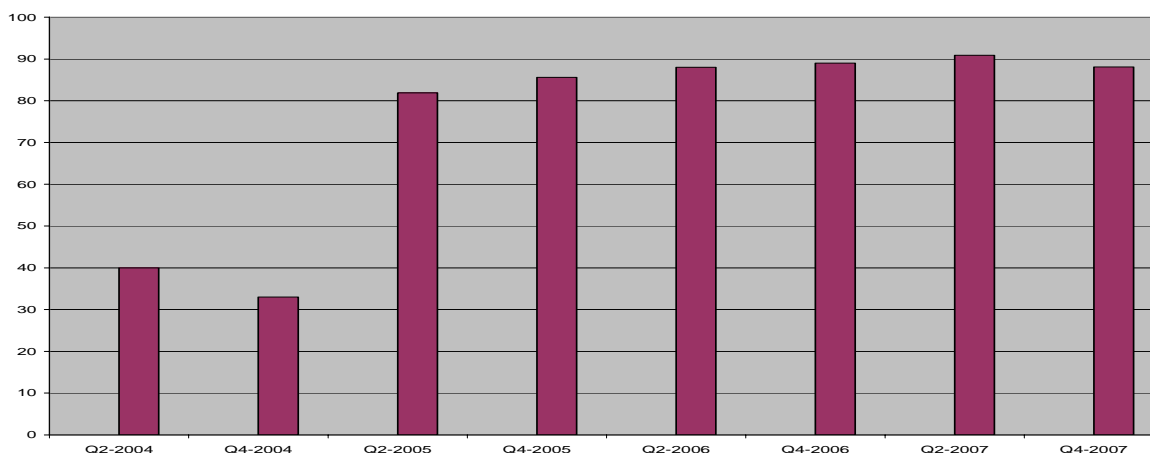
Most parents want to be good parents and, when adequately supported, they have the strength and capacity to care for their children to keep them safe. Most children are best cared for in their own family. Therefore, Child Protection Services should focus on family strengths and provide parents with the assistance needed to keep their children safe so that the family may stay together. DCF must intervene effectively when and where possible on behalf of abused and neglected children/youth without their being placed into foster care or the juvenile justice system.

Children/youth who can safely remain with their families or relatives should remain at home and be provided with needed support services because a home environment is regarded as the most nurturing for the development of a child/youth. Furthermore, fulfilling this philosophical tenet will help ensure that the relatively scarce out-of-home care resources can be used for those children/youth who cannot safely or appropriately remain at home.

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Performance Measure 3:

Percent of families receiving two protective services visits per month while residing at home



Story Behind Measure 3:

The data points above show the percentage of families with in-home cases with DCF receiving regular visits. While DCF currently does not disaggregate reports by the age of the child the above data may be considered a proxy measure of the population of children birth -5 since the above measure represents referrals of cases involving all children birth to 17.

During the Juan F. Case it was determined that more frequent in-home services might have prevented some of the negative outcomes. As a result, an agency-wide policy was instituted requiring caseworkers to provide in-home visitation visit at least twice monthly for families involved in Child Protective Services.

This measure is important because DCF is guided by the belief that each individual family member should be respected. The importance of the attachments between family members is accepted and acknowledged as critical to the development of each young child. All families have strengths and the goal is to build on these strengths. Family involvement and self-determination in the planning and service delivery process is essential. Case worker visits are a critical component of strengthening families and promoting the health, safety and development of young children.

Because home visitation provides such valuable information about families, DCF utilizes the caseworker visit to promote family participation in services. As part of this process, caseworkers monitor children's safety and well-being; assess the ongoing service needs of children, families and foster parents; engage biological and foster parents in developing case plans; assess permanency options; monitor parent's progress toward established goals; and provide families information, support and referral to community programs.

The Administration for Children and Families, U.S. Department of Health and Human Services through their Child and Family Service Reviews (2001-2004) show that when child welfare agencies have caseworkers who visit frequently (2 or more times per month) they are better positioned to assess children's risk for harm. Further they are better able to work with families and their changing needs, and to determine the effectiveness of goals and outcomes. Prior to

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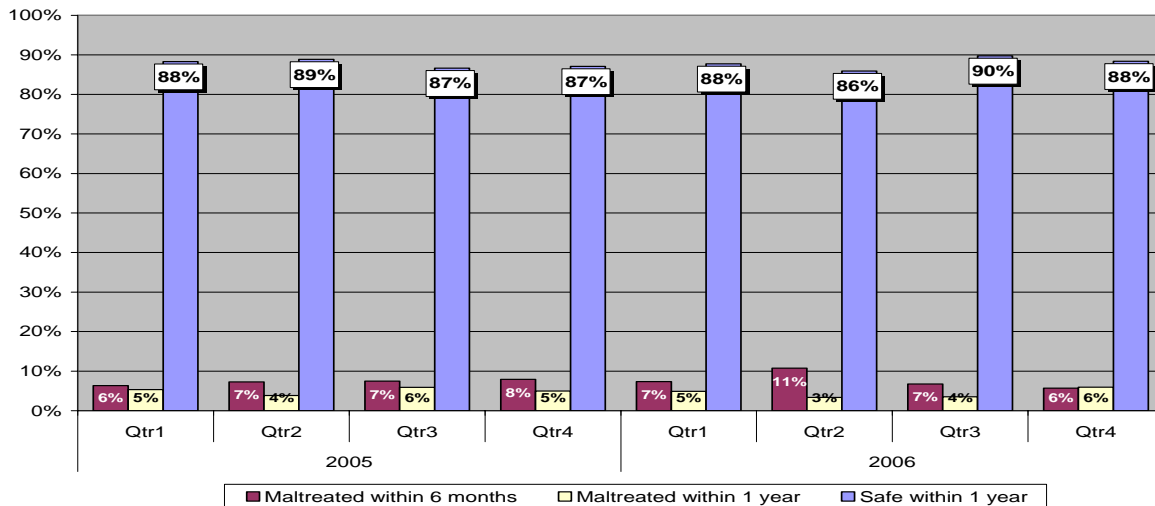
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January 2004, DCF caseworkers did not routinely visit with families on a routine basis, nor did they incorporate into the visit a structure.

Performance Measure 4:

Percent of children in protective service who remain safe at 6 months and at 12 months

Maltreatment Recurrence Rates for Children Aged 0-5



Story Behind Measure 4:

The graph above depicts the rate of maltreatment for Children Age 0-5 involved in an active protective services case (In-Home and Out-of-Home Cases). It differs from the graph provided last year in that it shows rates at 6 months and 12 months as requested by the Legislature. Although it suggests a relatively low rate of recurrence, the ultimate aim of our work is to eliminate maltreatment altogether. As such, work remains, particularly as we gain further insight through research about factors that contribute to recurrence and in building our after care services.

When a child who DCF determined was abused or neglected is abused or neglected again, this is known as repeat maltreatment. The rate of repeat maltreatment is a widely-used indicator of quality of child welfare practice. DCF monitors incidents of repeat maltreatment that occur within six months and 12 months of the original investigation. There may be many reasons why the rate is lower at 12 months versus 6 months, and only further research could clarify this phenomenon. However, general studies on repeat maltreatment suggest particular vulnerabilities of families in the immediate aftermath of a case closing and because of what is known as a "surveillance effect", that is, the heightened awareness of mandated reporters about a family with an active child protection case or a recently closed case.

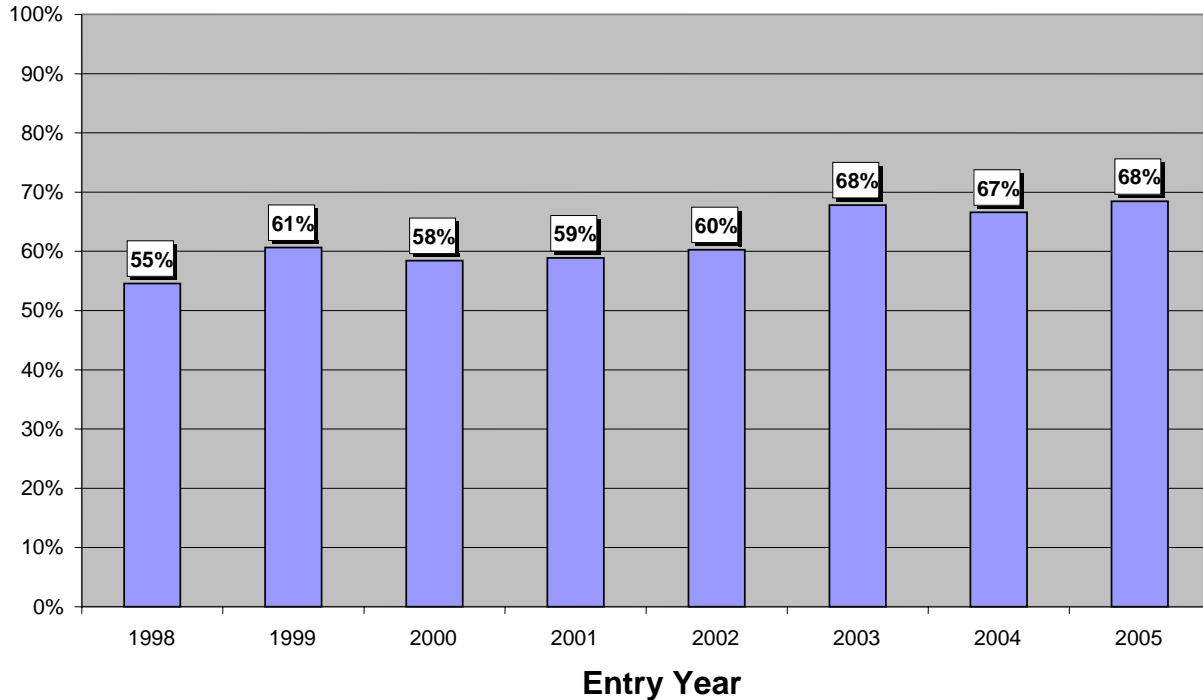
The caseworker and supervisor's decisions and actions contribute significantly to the achievement of this outcome. The worker and supervisor make decisions about safety (immediate or impending threats of serious harm); they take actions to implement safety plans if needed; they seek court intervention if necessary; they determine risk of future maltreatment; they implement services; they establish case plans and; they make decisions about substantiating the report. All of these contribute to the likelihood of a future substantiated incident of maltreatment. What happens in each case in terms of repeat maltreatment collectively determines agency performance on the federal outcome of safety.

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Performance Measure 5:

Time in Out-of-Home Care--Achieving Permanency

Achieved Permanency in Two Years
Children Aged 0-5 at Entry



Story Behind Measure 5

The Chart above shows the Department's performance in achieving permanency for children Age 0-5. Being timely in achieving permanency, and assuring it is achieved for all children/youth in care, is a central outcome measure in the work of child welfare. DCF's work in recent years shows a positive and encouraging trend. Although there are many reasons why this increase has occurred, simply having made it a priority - an area of special focus and attention for the Department - is perhaps the most compelling. This measure is introduced for the first time since submitting RBA reports and is motivated by the description below.

When parents cannot or will not fulfill their responsibilities to protect their children, DCF has the right and obligation to intervene directly on the children's behalf. When children are placed in out-of-home care because their safety cannot be assured, DCF should develop a permanency plan as soon as possible.

In most cases, the preferred permanency plan is to reunify children with their families. All children need continuity in their lives, so if the goal is family reunification, the plan should include frequent visits between children and their families as well as other efforts to sustain the parent-child relationship while children are in foster care.

To best protect a child's overall well-being, agencies want to assure that children move to permanency as quickly as possible. Therefore along with developing plans to support

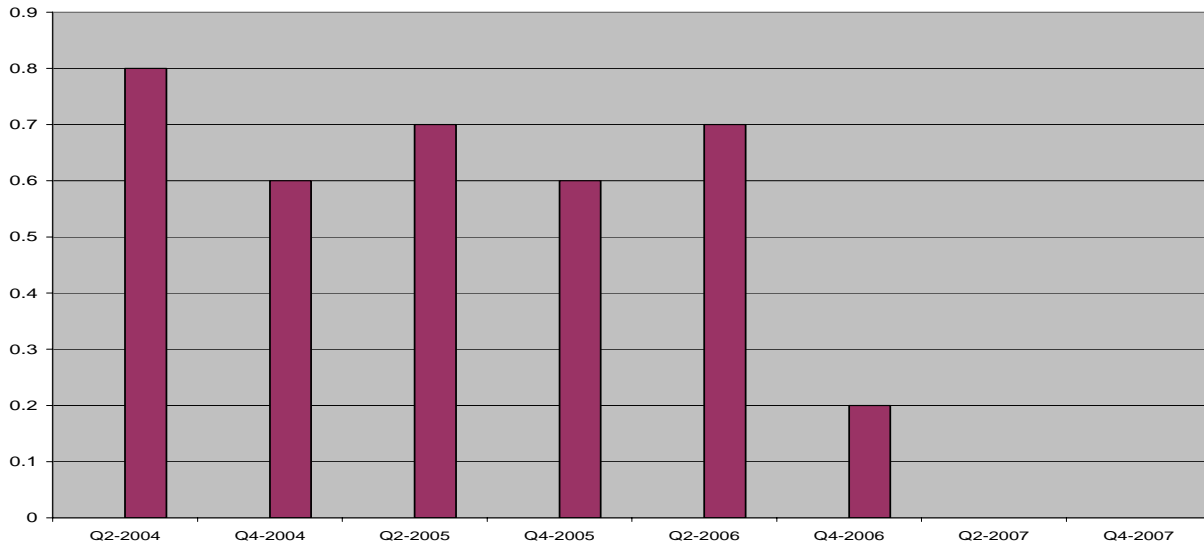
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reunification, agencies should develop alternative plans for permanence once a child enters DCF's foster care system. As soon as it has been determined that a child cannot be safely reunited with his or her family, DCF must implement the alternative permanency plan.

Performance Measure 6:

Percent of children in out-of-home care who are victims of substantiated abuse or neglect.



Story Behind Measure 6

The graph above depicts the incidents of maltreatment against a child or youth in DCF's care by a substitute caregiver, that is, by an individual or individuals within DCF's foster care system, including its own employees. This measure is introduced for the first time since submitting RBA reports and is motivated by the description below. Although the chart suggests a relatively low rate of maltreatment in care, the ultimate aim of our work is to eliminate maltreatment altogether. 4Q 2006 shows one of our lowest rates recorded, though we cannot predict from this any particular change in trajectory in what has been our experience with this measure over time.

Partners and Their Roles:

1. DCF is responsible for providing a comprehensive structure for services to children, youth and families, policies and practices that support children, youth and families, technical assistance and training to staff working with children, youth and families to assist with assessment, identification of goals, development of plan with timelines, parent/foster parent training, community referral and resources and re-evaluation.
2. Family members are responsible for participating in identifying their needs, developing a family plan, participating in informative/educational assistance provided; cooperating with service providers, and communicating their needs.
3. Legislature partners with the DCF to provide funding for programs and services.

What do you propose to do over the next two years and why?

DCF in general, in relationship to its CPS responsibilities, will continue to focus on the following broad areas:

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- ❖ Preventing Child abuse and neglect;
- ❖ Reducing entry into care;
- ❖ Better assuring the appropriateness of placement;
- ❖ Improving the timeliness and likelihood of permanency;
- ❖ Bringing greater success to youth transitioning, and;
- ❖ Reducing re-entry into care and repeat or substitute caregiver maltreatment.

Improvements in these areas will impact our performance on all of the measure above. The means and methods to addressing these broad areas, each involving no-cost and low-cost action steps, include:

- ❖ Improving procurement, model development, contract and program management.
- ❖ Shifting to a more individualized and non-categorical approach to case work and service provision-allow for more person-centered services and more front-end and immediate types of interventions.
- ❖ Developing greater knowledge about families with multigenerational involvement with our CPS system and why some children/youth experience multiple placements and multiple incidents of repeat maltreatment more than others.
- ❖ Improving our organizational effectiveness through data development, particularly in areas
- ❖ Enhancing our workforce with an emphasis on building skills
- ❖ Enhance our service array by:
 - Continuing to develop our community-based system of care;
 - Continuing to enhance our processes to assure the most clinically appropriate course of treatment and set of interventions;
 - Continuing to bring greater resource equity across service types, especially in the areas of prevention/early intervention.

Appendix A, Data Development Agenda

Given that these areas of measurement are often grounded in federal measurement, or have been a consistent component part of the Juan F. Exit Plan, much work has been done in developing and refining these reports. We are currently focused on analysis of the findings, i.e. better turning data into information. We are also focused on finding complementary views of each measurement areas so that a richer understanding of each area of practice can be gained. Means include:

- developing comprehensive case reviews (scheduled for this spring)
- alternative data sources and interpretive software, and IT
- data entry improvement projects (aimed at improving the quality and reliability of reports).