

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

Program: Foster Care/Department of Children and Families

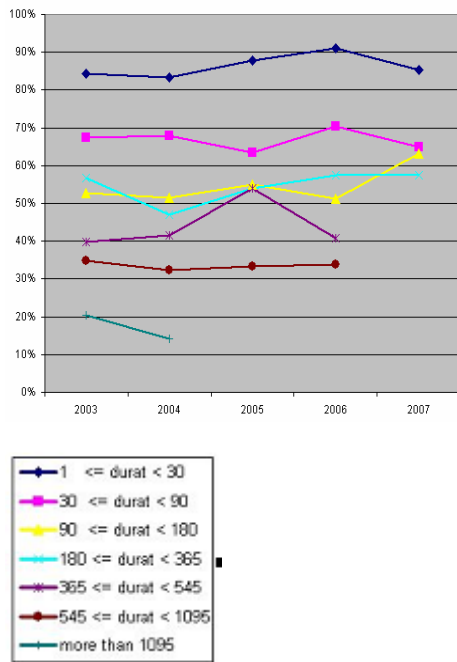
Quality of Life Result: All children will reach developmentally appropriate milestones to begin kindergarten with the knowledge, skills and behaviors needed for success in school.

Program: To provide for the health, safety, permanency and development of children who cannot remain in the care of their birth parents.

Department of Children and Families

Performance Measure 1

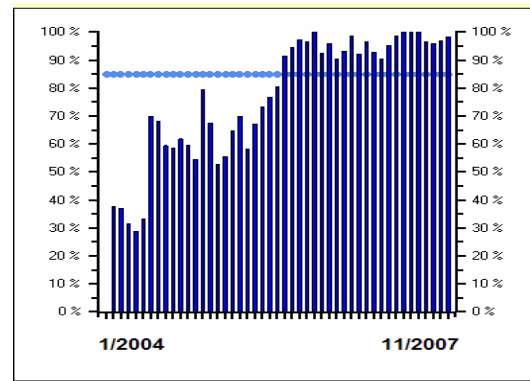
Percentage of children birth-to-five experiencing a single placement in foster care placement from first entry



foster care for more than a year face multiple placements (3 or more) over 60% of the time. Children who experience such frequency in disruption are at high risk for attachment disorders and significant delay in all areas of development.

Performance Measure 2:

Percentage of children birth-to-5 entering DCF custody who have a Multi-Disciplinary Exam completed within 30 days of entry into care.



Story Behind Measure 1

The data provided describes the history of placements in foster care for children Birth to five years old from 2002 through 2007. As can be seen, children who are placed in foster care for 30 days or less experience the greatest stability (approximately 86% experience one placement). Children who are in foster care for three months or less also experience fewer placements (Approximately 65% remaining in one home). Children Birth to 5 who are in

Story Behind Measure 2:

The identification of social/emotional, cognitive and language delays in young children through Multi-Disciplinary Exam is of paramount importance in guaranteeing that the most vulnerable children in our state receive the preschool experiences necessary. The department continues to

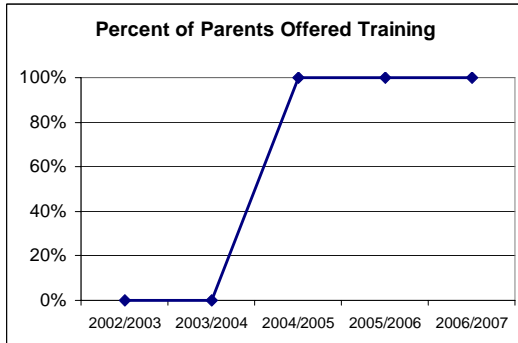
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meet this goal, achieving 96.4% during calendar year 2007.

either through B-3 or through Local Educational Agencies. *

Performance Measure 3:

Percentage of foster parents offered 45 hours of training or more.



Story Behind Measure 3:

The Department has created various learning opportunities for licensed foster homes to include online training (Foster Parent College) as well as establishing DVD libraries in each of the 14 area offices. As demonstrated by the chart above, the Department has achieved 100% of this measure.

***low cost no cost**

- Provide ongoing monitoring of children’s development including social/emotional development after initial multidisciplinary assessment. Help Me Grow to be connected into the Ages and Stages Monitoring System. Social Workers will be provided training in ways to assist parents to complete the questionnaire. Information regarding the outcome of Ages and Stages will be entered into the child’s LINK file.
- Children eligible for services based on the multidisciplinary evaluation should receive ongoing follow-up

- In an effort to create a seamless union between a child’s multi-disciplinary evaluation and subsequent follow up and treatment, the Department has organized a committee (Med-LINK Committee) with the objective of enhancing our current electronic case system.

Key Budget Information	
Total Current Program Year Funding	136,207,868
Program Funding As Percent of Total Agency Budget	15.12%
Funding Distribution	
Total Federal Funds	375,000
Total State Funds	135,832,868
Capital Projects Subtotal	0
Percent of Total Current Funding Contracted to Third Parties	18.31%

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Program: Foster Care/Department of Children and Families

Program Purpose To provide for the health, safety, permanency and development of children who cannot remain in the care of their birth parents.	
Contribution to Population Result All children will reach developmentally appropriate milestones to begin kindergarten with the knowledge, skills and behaviors needed for success in school.	
Key Budget Information (<i>Dollars reported in millions</i>)	
Total Current Program Year Budget	\$136,207,868
Funding as Percent of All Funding for Quality of Life Result	
Program Funding as Percent of Total Agency Budget	15.12%
Budget Distribution:	
Federal	\$375,000
State	
General Fund	\$136,207,868
Capital Project Funds	
Other State Funding	
Other Funds (Not Federal or State)	
Percent of Total Current Funding Spent on Direct Service	99.72%
Percent of Total Current Funding Contracted to Third Parties	18.31%

Basic Program Facts

The purpose of foster care services is to provide for a child's unique developmental, physical, and emotional needs in a licensed home with trained caregivers until such time as the parent demonstrates the ability to provide appropriate care and nurturance for the child; or until it is determined that the child cannot return home and an alternate permanent home can be found for him/her. As of November 12, 2007, there were 2,340 children in placement with DCF. 1,578 were between the ages of 0 to 5 years. The largest placement option utilized was foster care (1,031), followed by relative care placement (462). The remaining children were placed in Safe Homes while awaiting a foster care placement, or they were placed in Special Study Placements due to circumstances and special needs requiring additional and complex planning.

Children are removed from the care of their parents for the following reasons: physical abuse, educational neglect, emotional neglect, high risk newborn, medical neglect, at risk, sexual abuse/exploitation, physical neglect, moral neglect and emotional abuse/maltreatment. The primary reasons for referral of young children under the age of six are neglect, abuse, and the inability of the parent to care for the child. Early abuse, neglect and maltreatment can have severe and long lasting effects on young children's current and future development impacting their ability to benefit from preschool and school experiences. The National Center on Children

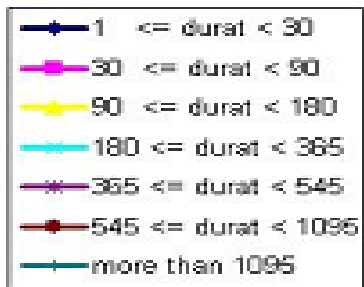
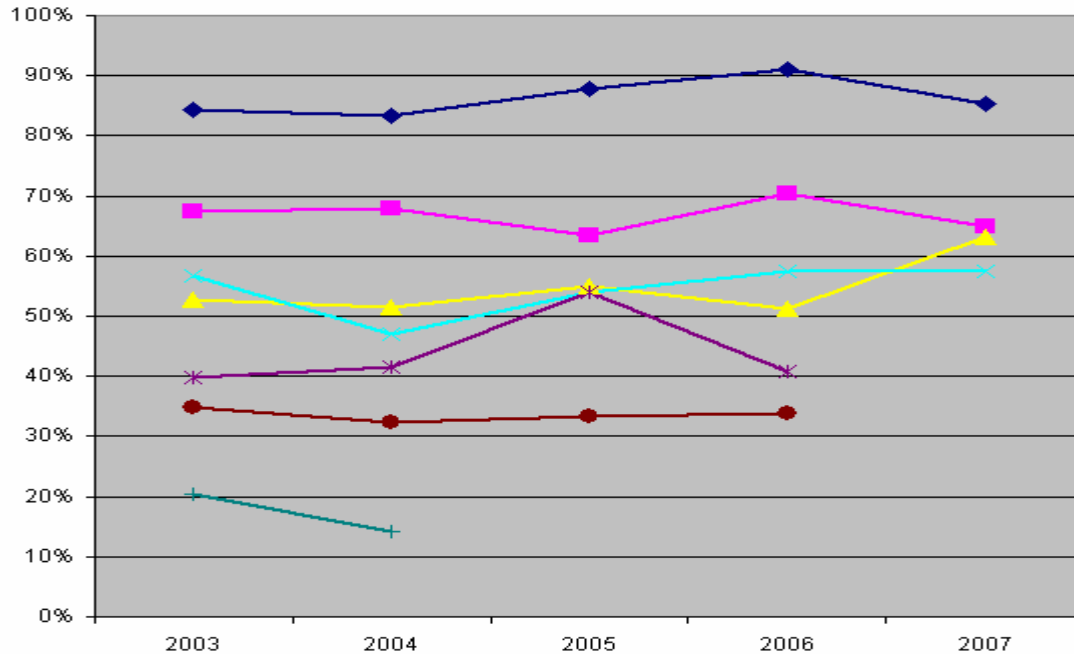
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in Poverty (2001) identified young children in foster as being" among the most vulnerable children in the country".

Performance Measures and Story Behind the Baselines

Performance Measure 1

Percentage of children birth-to-five experiencing a single placement in foster care from first entry.



Story Behind Measure 1

The data provided describes the history of placements in foster care for children Birth to five years old from 2003 through 2007. As can be seen, children who are placed in foster care for 30 days or less experience the greatest stability (approximately 86% experience one placement). Children who are in foster care for three months or less also experience fewer placements (approximately 65 % remaining in one home). Children Birth to 5 who are in foster

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care for more than a year face multiple placements (3 or more) over 60% of the time. This is generally due to the more intensive needs of young children. In today's world, both parents often must work, making foster homes difficult to find. In addition, when a home is found, quality child care is frequently expensive and difficult to obtain. DCF is addressing this challenge in two ways. First, the foster care recruitment program is actively seeking foster homes for children birth to five. Another promising initiative is the DCF/Head Start Collaboration, which is currently being piloted in 10 towns. Through this collaborative effort, we are exploring methods of prioritizing access to Head Start for children in foster care (see Appendix E).

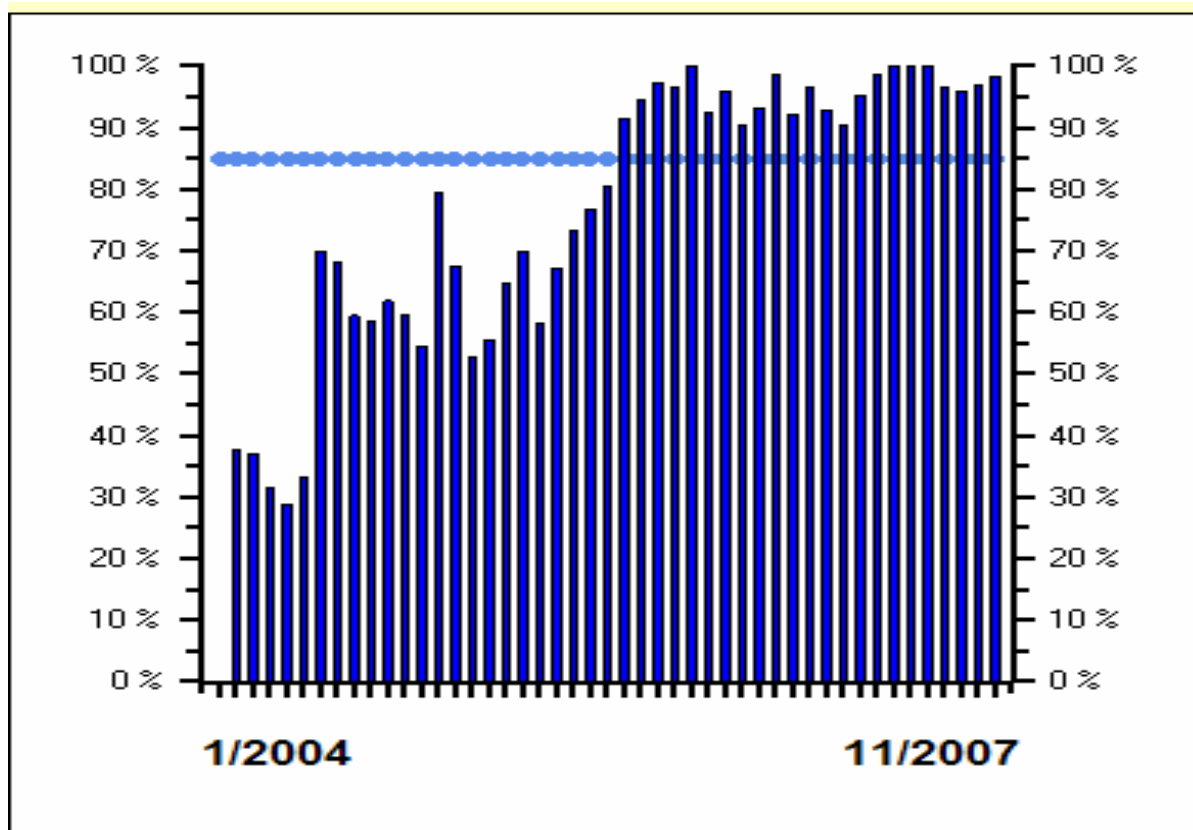
The CT Early Childhood Education Cabinet document "Ready by Five, Fine by Nine" articulates the goal that "all children will reach developmental milestones from birth to age 5 in order that they begin kindergarten with the knowledge, skills and behaviors needed for success in school." Early childhood research from the last fifteen years has revealed two major findings related to young children's educational well-being: multiple risk factors have an adverse effect on later school functioning; and early and appropriate intervention can increase positive outcomes for children living in high risk environments (National Research Council, 2001).

The national report, *Neurons to Neighborhoods* (2000), identified two major types of risk: biological (low birth weight, and pre-term birth) and social risk (out-of-home placement, homelessness and child maltreatment. In addition, Jack Shonkoff (2007) identified the importance of toxic stress in young children's lives, documenting the affects of high levels of cortisol on the brain. The brain produces cortisol in response to increases in stress. His research indicated that high, sustained levels of cortisol or corticotrophin (CRH) which is the brain chemical that regulates the HPA system, result in damage to a part of the brain called the hippocampus. This region is responsible for learning, memory, and the ability to regulate stress responses. Damage to this part of the brain during the early developmental years can result in long term learning, memory, and behavior problems. Stabilizing children placements in high quality foster homes where their care is provided through responsive, nurturing, and reciprocal relationships should promote a decrease in stress resulting in positive outcomes for children. Realizing the importance of current brain research, DCF continues to work with foster families to promote single placements for young children.

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Performance Measure 2

Percentage of children birth-to-5 entering DCF custody who have a Multi-Disciplinary Exam completed within 30 days of entry into care.



Story Behind Measure 2:

The graph above presents the percentage of children who have a multidisciplinary evaluation within thirty days of entering the care of the DCF. As a result of the Juan F. court case, the Department of Children and Families declared that 85% of all children entering the care of the department would receive a Multi-Disciplinary Evaluation within thirty days of entry. The department continues to meet this goal, achieving 96.4% during calendar year 2007. The rationale behind multi-disciplinary evaluation is to ensure that all young children in foster care have complete health, mental health and developmental evaluation which will result in providing care based on children’s individual needs.

As a result of discussions held with the Appropriations Committee during 2006, it was decided to add two developmental screenings to the current assessment protocol for children birth to five years old: The Battelle Developmental Screening Inventory and the Ages and Stages Screening and Monitoring Assessment. Incorporating the use of these instruments is critical to

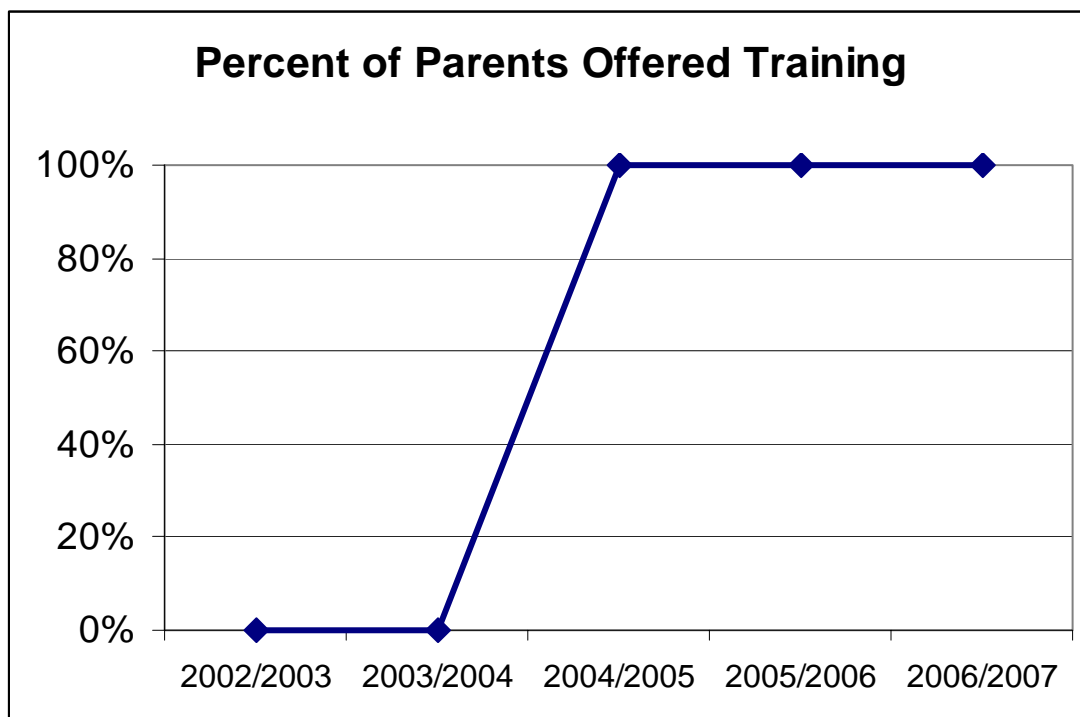
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identifying children's developmental, social, and emotional needs. Through this process, eligible children are referred to early intervention programs or to the local education agency for the comprehensive array of services needed. For those eligible children, IDEA provides families additional services which benefit the child educationally.

This is important since current research (Fantuzzo & Perlman, 2007) documents the adverse impact of out-of-home placements on young children's development and their later academic achievement, behavior, and engagement at second grade. Infants and toddlers in out-of-home placement evidenced a higher rate of developmental delays (Horwitz, Simms, & Farrington 1994) than did children remaining in their birth home. They also experienced disproportionately more delay in the areas of language, cognition and gross motor development (Silver, 1999). It appears that many infants and toddlers placed in out-of-home settings start off with significant educational disadvantage. The identification of social/emotional, cognitive and language delays is of paramount importance in guaranteeing that the most vulnerable children in our state receive the preschool experiences necessary for them to be ready to succeed in kindergarten at age five.

Performance Measure 3

Percentage of foster parents offered 45 hours of training or more.



Story Behind Measure 3:

The chart above indicates that 100% of all licensed foster parents completed 45 hours of post licensure training and an additional 9 hours of training for each subsequent year. DCF policy

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states that licensed foster parents must complete 30 hours of pre-licensing training. In addition, all licensed foster parents shall be offered and must complete 45 hours of post-licensing training within 18 months of initial licensure and at least 9 hours each subsequent year. The data above demonstrates that 100% of current foster parents completed the forty-five hours of post licensing training and their yearly commitment of 9 additional hours of training.

Children entering foster care have a variety of very complex medical, social/emotional and developmental needs. Foster parents are often expected not only to provide quality care and nurturance to the child, reestablishing attachment and security in the child's life, but they must also meet the child's medical, educational and social needs. Children often have serious physical, emotional, educational and behavioral challenges. While foster parents participate in pre-licensing training they often require additional training to effectively nurture the children they care for.

Because the needs of foster children are often complex, foster parents find themselves interacting with multiple and complex medical, social and educational agencies. Most foster parents have had limited contact with these systems. To improve the effectiveness of foster parents in their role as nurturing parents, DCF offers foster parents training which includes but is not limited to: understanding child development, neglect, emotional maltreatment, physical abuse, working as a part of a team, meeting developmental needs, attachment, loss, separation, grief, strengthening families, continuing family relationships, discipline, change, risk reduction, assessment, licensing. The purpose of this instruction is to support the child's continuing development by providing the family with general and child specific developmental information. Realizing that foster parents often have numerous appointments the DCF has invested in alternative learning opportunities including but not limited to formal classes, parent groups, online training (Foster Parent College) as well as establishing DVD libraries in each of the 14 area offices.

Partners and Their Roles:

- Mandated Reporters – report cases of suspected abuse
- DCF Caseworkers – investigate, locate resources, monitor families and make recommendations
- Legal System – Lawyers represent child, represent families, Judges make decisions
- Biological Parents – participate in visits, instruction
- Foster Parents – provide safe, stable home for child assuring health care, mental health care, nurturing and access to educational opportunities
- Training Academy – provide training to workers, supervisors, directors foster parents
- CAFAP – statewide support organization for foster and adoptive parents, provides support and training for foster parents.

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What do you propose to do to improve performance in the next two years and why?

No-cost/low-cost action steps:

- Provide ongoing monitoring of children's development including social/emotional development after initial multidisciplinary assessment. The Children's Trust Fund offers a program entitled Help Me Grow. Through this program children's development is monitored using the Ages and Stages Screening and Monitoring System. Social Workers and Case Aides will be provided training in ways to assist parents to complete the questionnaire during supervised visits. Information regarding the outcome of Ages and Stages will be entered into the child's LINK file. *

- In an effort to create a seamless union between a child's multi-disciplinary evaluation and subsequent follow up and treatment, the Department has organized a committee (Med-LINK Committee) with the objective of enhancing our current electronic case system to achieve the following :
 - incorporate a child's examinations in the child's electronic record
 - record results of evaluation,
 - record recommendations based on child's needs,
 - provide a historical view of child's appointment/services etc.,
 - record outcomes of services,
 - provide schedule of follow-up evaluations.

Action steps requiring additional resources:

1. Recommendations by the Med-LINK Committee will assuredly require a great deal of modification to the current LINK computer system. Both the IT bureau and the Fiscal Bureau will examine the feasibility of such modifications and those costs associated with it.

2. Increase the number and percentage of children who attend quality, accredited preschool. DCF continues to work with The Head Start program in an effort to enter into a Memorandum of Agreement to provide children in Foster Care priority status in Head Start and School Readiness Programs.

3. Create a system of collecting data which would answer the question of how many children in foster care attended quality early care and education programs. In addition to this measure collect additional information about the quality rating system used by the early care and education programs children are attending. Such rating systems can

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include national accreditation (i.e. NAEYC) or state quality rating systems (i.e. ECER's and ITER's).

Appendix A, Data Development Agenda

1. The Department is capable of disaggregating data various ways to include by age cohort. The Department will give more attention and further examine the data for children 0-5 in an effort to: 1) assist in identifying the most appropriate early intervention 2) implement systems that will enable the Department to track and monitor these services. This subject remains a focal point for the Med-LINK Committee (responsible for proposing enhancements to Medical portion of a child's electronic case management system).
2. The data for children ages 0-5 has played a significant role in the recent proposal to enhance Safe Homes and Primary Diagnostic Centers.

Appendix C, Information and Research Agenda

1. The Department of Children and Families has recently contracted with Value Options to conduct research in the area of foster care disruptions. The key findings include: disruption rates for youth placed in relative care or special study care were significantly lower than for youth placed in traditional foster care, older youth (age 10 to 18) were more likely to experience a disruption than children ages birth to 10, gender did not appear to be related to disruption rates, when disruptions were categorized into negative and positive types, foster care youth who had been authorized for behavioral health services during the six (6) months before foster care placement were significantly more likely to disrupt (52.4%) than those without service authorizations (35.8%). Overall, the research identified a relationship between disruption of foster care placement and authorization of behavioral health care services. As a result, Value Options will move forward in a collaborative process with stakeholders and DCF to develop appropriate clinical interventions targeted at reducing disruption in foster care placement.
2. The Department will place some focus on developing our current disruption/discharge data to better portray reasons why a child may "disrupt" or be discharged from care. There are often positive explanations for discharge, for example, reunification with a biological parent or relative, a child stepping down from a higher level of care such a

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therapeutic foster home etc. A preliminary look at current disruption/discharge data may not accurately reflect that diversity in the rationale behind this activity.

Appendix E, What Works

In a recent study by Fantuzzo and Perlman (2007) the authors note a high comorbidity between out-of-home placement, child maltreatment and homelessness, as well as the risk for poor educational outcomes associated with each of these risk factors. They recommend an increased collaboration between social service agencies, child protective agencies, and high quality educational programs. In addition, they note that children under the age of five are the most vulnerable children in society. Therefore they recommend the establishment of note substantial ties between child protective agencies and high quality early care and education programs.

The DCF/Head Start Collaboration initiated in February 2006 is an example of such a collaborative effort which maximizes service provision and outcomes for very vulnerable children. During 2006 representatives from DCF Central Office and the Head Start State Office met to discuss the characteristics of the families they served. The result of the discussion was the recognition that both agencies serve in common many of the same families. These families had the characteristics described in the current research (Fantuzzo & Perlman, 2007). During 2006 DCF and Head Start initiated a collaborative process to improve their working relationships in an effort to improve the lives of the families they serve. This effort is described below:

DCF/Head Start Collaboration

Program Description: The original collaborative effort began in July 1999 in the DCF offices in Torrington, Waterbury and Danbury, and Head Start Programs in Litchfield County, Waterbury, Naugatuck and Danbury. The collaboration involved 150 staff from both agencies, developed new knowledge and understanding of the partner agency's program, improved communication, referral and collaboration; and had developed new services and resources. In February 2006, this collaborative partnership was revived and expanded to an additional five sites. The current sites include Manchester, Enfield, East Hartford, Vernon, Hartford, Stamford, Torrington, Waterbury and Danbury. The focus on this partnership is to develop strategies to promote family health and the stability of the child within the family.

Long Term Agency Goals:

- Children and Families experience coordinated services and continuity of care;
- Children's health, safety and development is monitored with increasing frequency and thoroughness;
- Families receive more frequent and comprehensive community based and in-home services;

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- Children experience fewer placements;
- When placements out of home must occur children are placed with relatives and the agencies work collaboratively to develop a plan of services and supports
- New strategies and resources are created for achieving child and family goals;
- Children and families increase strengths and resiliency; and
- Head Start and DCF have improved working relationship.

Strategies: The Collaboration promotes the strengthening of child and family relationships by developing a protocol for enhancing communication between each agency. As a result of the protocol, DCF and Head Start staff know more about one another's programs and services, thus they can use each others resources more effectively, and each agency can make and receive appropriate referrals to/from their partner agency. Head Start and DCF staff work collaboratively to identify mutual families served and are participate in all aspects of service provision to children and families including: DCF referral, investigation, and treatment planning; and referral, enrolment and case management in Head Start. Through partnering both agencies build capacity in communities in the area of cross training and resource development.

Outcomes: This collaboration will promote family strengthening reducing the risk of child neglect and abuse while monitoring the development, health and safety of young children. Families will be strengthened as they participate identifying their strengths, needs, goals and resources. Communities and participating agencies will be developing new resources and collaborative strategies for working with families.

- Decrease in isolation by families
- Increased child and family strength and resiliency
- Increased visibility of children within community
- Decrease in abuse and neglect
- Increase in child developmental screening and monitoring
- Opportunities for children served by DCF to participate in high quality early care and education experience
- Increased ability to maintain children within their biological home or when necessary in relative care
- Increase in Head Start knowledge of DCF mission, locations, services
- Increase in DCF knowledge of Head Start mission, location, services
- Increase contacts with Head Start during DCF investigations, treatment planning conference and Area Case Reviews
- Increase in DCF participation in Head Start Trainings and committees
-

Measures of Effectiveness: Measurements of effectiveness include the development of protocols which document the understanding and implementation of practices with respect to Head Start Policies including: Developing Family Partnership, Developing Community Partnerships, and Child Health and Safety. Measurements of effectiveness will also include the development of protocols which document the understanding and implementation of practices

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with respect to DCF Policies including: Conducting Investigations, Case Dispositions, Treatment Planning, Foster Care, Administrative Review, Treatment Plan Monitoring, and Case Closure.

Methods: All protocols must be developed in a context that is child-centered, family focused and strength based. Data will be collected from participating DCF area offices on a bi-monthly basis including joint meeting minutes, trainings and products developed and disseminated within the Head Start region/ DCF area office.

Results to date:

- Monthly meetings are held between DCF area Office personnel and Head Start Office.
- Quarterly Meetings are held which include Community collaboratives and the State-wide steering committee.
- Community collaboratives have selected topics of interest (i.e. referral process, sustaining collaborative relationships, joint treatment planning)
- Four statewide meetings have been held
- Each community collaborative has met at least eight times
- Protocols are being developed for joint treatment planning and referral