

## **Juvenile Justice (JJ)**

1. Provide details of: (A) the transfer (what programs, data systems, and administrative staff will be moved, or integrated, into DCF and when), and (B) the potential savings from the restructuring of CSSD juvenile probation function under DCF.

DCF has contacted the Judicial Branch and requested a meeting to discuss the budget and operations.

2. Was the agency involved in the development of the amount of these savings?

No

3. Is DCF prepared to handle the additional CSSD employees and functions?

Yes

## Juvenile Justice (JJ)

### 4. Do you believe it is appropriate for CSSD juvenile probation functions to be in DCF?

DCF has a broad, consolidated statutory mandate to administer services and programming for children across child welfare, behavioral health, prevention, education and juvenile justice domains (C.G.S. § 17a-3). Under this consolidated statutory mandate, DCF serves approximately 330 youth (daily census average), who have been committed to the Department as delinquents. This population often needs more intensive therapeutic services and treatment programming to rehabilitate the youth and ensure he/she can successfully transition back to their communities following their commitment to the Department. Given the Department's shift from a historic reliance on congregate placements, we remain committed to serving 90% of children and families in community-based settings, including those served through our juvenile justice service array. For this reason, we do believe that assimilating responsibility for juvenile probation functions would be a viable option, given our investments in and experience administering community based services. DCF currently takes the lead in administering several joint juvenile justice community programs for CSSD and DCF, including evidenced based, intensive home based treatment models. As outlined in our responses to other questions, we do believe there are opportunities for fiscal efficiencies should DCF assume administrative oversight of juvenile probation's programs and services.

In addition, this proposal gives us an opportunity, as a state, to stay on the cutting edge of juvenile reforms by integrating child welfare, juvenile justice, children's behavioral health, prevention and education services under one consolidated umbrella. Federal agencies, including the U.S. Administration for Children and Families, which administers child welfare programming, and the Office of Juvenile Justice and Delinquency Prevention, as well as national experts like the Child Welfare League of America and the Center for Juvenile Justice reform, have emphasized the connection between child maltreatment and juvenile delinquency and the need for an integrated approach to programs and services across the child welfare and juvenile justice systems. Progressive reforms are underway in other jurisdictions around the country to integrate these systems and ensure that youth and their families can seamlessly access trauma-informed, evidence-based services from a variety of entry points – through a child welfare referral for abuse or neglect, an unmet behavioral health need identified in a school setting, or an arrest. By providing these services under one, integrated umbrella, we believe that we can connect children and their families with access to these services more quickly and easily in an effort to address their holistic needs.

## **Juvenile Justice (JJ)**

5. How do other states handle those functions?

Please see attachments #2A and 2B

There are many different variations across the country. 39 states have centralized state administrated systems. 9 states have a county administered system. 15 states have probation operated by local government or under the judicial function. There are 11 states that operate standalone juvenile justice agency models that do not include child welfare functions. Based on this question, DCF has begun researching which States have the best overall results in the area of Juvenile Justice and the configuration of those models. DCF will present those findings upon completion of the research. Interestingly, in our initial inquiries, Connecticut appears to be identified as a leader nationwide.

## Juvenile Justice (JJ)

6. How might a child go: (A) from DCF care and custody, to CSSD, to home, (B) from DCF care and custody, to CSSD, and back to DCF care and custody, (C) from CSSD to DCF voluntary services, and (D) from CSSD to DCF care and custody? Please see attachment #1

There are multiple scenarios in which we have a child who may be served by DCF and CSSD at different points in a case, and at different points in their lives. These transitions may result from a child having had concurrent involvement in both a child welfare case and juvenile justice case, but that would be a general scenario. In response to the specific scenarios outlined in this question:

**6A. Child moves from DCF care and custody to CSSD to home:** For purposes of answering this question, we interpreted a child in “DCF care and custody” as a child who is currently committed to or under protective supervision of DCF due to a child welfare concern stemming from an allegation of abuse or neglect. In which case, this would describe the most common pathway by which children “crossover” from child welfare and into juvenile justice, because a child in a DCF placement for a child welfare concern gets arrested for allegedly committing a crime, e.g. a foster youth gets arrested. Once arrested, he/she would follow the regular juvenile justice pathway as outline in our case flow chart. If CSSD is able to serve that child successfully in the community and divert them from commitment as a delinquent, then the child would go home.

**6B. Child moves from DCF care and custody to CSSD and back to DCF:** Please see scenario (A). Should community services offered by CSSD not be successful for that child, and should that child be committed by the juvenile court as a delinquent to DCF, that child would come back to DCF as a committed delinquent. In these scenarios, it is possible that DCF would be serving dually committed children, who are committed to DCF from both a child welfare case and a juvenile justice case in which that child was committed as a delinquent. These youth are commonly referred to as crossover youth, who have had involvement in both juvenile justice and child welfare.

**6C. Child moves from CSSD to DCF voluntary services:** A child that has had juvenile justice contact and is being served by CSSD will be assessed for his/her treatment needs. If the child is in need of behavioral health services, he/she has the ability to access DCF community behavioral health services, without commitment to DCF. If the child needs a higher level of individual services, and needs the state to take financial responsibility and manage coordination of those services, it is possible the child’s family could request a voluntary commitment to DCF for either community behavioral health treatment or residential treatment services.

**6D. Child moves from CSSD to DCF care and custody:** See juvenile justice case flow chart. Once child is arrested, CSSD will attempt to divert that child from becoming court involved by serving that child in community based programs. Should community services offered by CSSD not be successful for that child, and should that child be committed by the juvenile court as a delinquent to DCF, that child would come back to DCF as a committed delinquent.

## **Juvenile Justice (JJ)**

7. Provide the number of children and youth currently: (A) involved in the DCF JJ system, (B) involved in CSSD juvenile probation, or (C) both.

7A. 331

7B. Estimated from 6/30/14 published materials - 3,450

7C. 3,736

## Juvenile Justice (JJ)

8. Provide the number and % of children and youth: (A) committed as delinquent to DCF that have had more than one social worker assigned to them, one from CSSD and one from DCF, or (B) in DCF care and custody that have had more than one social worker assigned to them, one from CSSD and one from DCF.

8A. 100% of youth committed delinquent to DCF began their juvenile justice involvement with referral to the juvenile court after being arrested. Once referred to the juvenile court, a Juvenile Probation Officer would be assigned. Should a judge commit the juvenile as a delinquent to DCF, the Juvenile Probation Officer passes the case to the DCF Juvenile Justice Social Worker. Unless there are other pending charges, involvement with Juvenile Probation CSSD ends with a commitment to DCF.

8B. Children committed to DCF for child welfare reasons, can become involved in with CSSD if they are arrested and enter the juvenile justice system. These children would have a DCF Social Worker for their child welfare case, and once arrested, a Juvenile Probation Officer would be assigned. DCF and CSSD currently are standardizing the notification protocols between agencies so that when a child with child welfare focused DCF involvement is arrested, there is notification to initiate case planning between the DCF Social Worker in the child welfare case and the Juvenile Probation Officer as that child is now involved with the juvenile justice system. In the most complex scenario, should a juvenile court judge later commit that child to DCF as a delinquent, DCF would assign a second DCF “Juvenile Justice Social Worker” to oversee the period of commitment on the juvenile justice side. In that instance, that child would have had some involvement with a DCF Social Worker for their child welfare case, a Juvenile Probation Officer for the pre-commitment period of their juvenile justice case, and if committed as a delinquent, a DCF Juvenile Justice Social Worker for the post-commitment period of their juvenile justice case.

### Crossover Youth

Children who have active involvement in both the child welfare and juvenile justice systems at the same time are commonly referred to as “crossover youth” (see more information below). In partnership with Judicial and UCONN, DCF initiated a study in 2012 to identify the prevalence of crossover youth in Connecticut’s child welfare and juvenile justice systems. The study remains a work in progress with the University of Connecticut’s Center for Applied Research in Human Development, because youth were between the ages of 10 and 16 at the time the data were drawn in 2012. (1) Early analysis of data by birth year reflect that of those born in 1996, who would have turned 16 in 2012, 18.7% had both child welfare and juvenile justice involvement. Of identified crossover youth, 90% entered the child welfare system prior to entering the juvenile justice system. In contrast, among those born in 2002, who would have been 10 years of age in 2012, only 0.4% were found to have involvement in both systems. Thus, the overall average of COY in the data set is likely an underestimate due to fact that younger youth had less opportunity to crossover. If we are able to rerun this analysis for 2014, we anticipate we would see an increase in the prevalence of crossover youth which reflect that dually-involved youth account for anywhere from 30-40% of the juvenile justice system based on national data trends. (2)

1. Anderson, S., Sabatelli, R., Randall, K., and Goodrich, S. (2012). Crossover Youth in Connecticut: Who are they? Initial Descriptive Report University of Connecticut: Center for Applied Research in Human Development.
2. Halemba, G., and Siegel, G. (2011). The King County (Seattle, WA) Uniting for Youth cross-system prevalence study. Pittsburgh: National Center for Juvenile Justice.

## Juvenile Justice (JJ)

9. What percent of DCF cases originate from CSSD and vice versa annually, on average?

- 100% of all DCF Juvenile Justice caseload originates from Judicial's Court Support Services Division. DCF's Juvenile Justice cases are cases in which children have been committed to DCF after having been adjudicated delinquent.
- Currently, we do not have a statistically reliable method by which we can report on the percentage of CSSD's caseload that originated from DCF; however, we know this number would reflect the percentage of CSSD cases who have had a history of or current involvement with DCF due to a child welfare concern. CSSD may be able to provide a more reliable estimate.
- DCF can report that approximately 20 % of DCF Juvenile Justice caseload involve children who are "dually committed" to DCF due to involvement in both the child welfare and juvenile justice systems.

## **Juvenile Justice (JJ)**

10. Provide the average daily cost per child/youth (both the agency's cost and, separately, the Comptroller's rate), staffing figures, the average daily census, and the average length of stay for CJTS as compared to the CSSD detention centers. Provide a break-out of this information for the Pueblo Unit.

Please see attachment #3

## **Juvenile Justice (JJ)**

11. What performance measures does DCF use to evaluate CJTS and the Pueblo Unit? What do these measures show over the last three to five years for CJTS, and since the Pueblo Unit has been running? Please see attachments #4A and 4B

Although the Department measures many factors of performance for CJTS the most concrete and inclusive analysis of the operation is the American Correctional Association survey. CJTS earned American Correctional Association accreditation for the first time in 2009 with a score of 98.7% compliance, and again in 2012, with 100% compliance on the mandatory standards and 99.3% on the non-mandatory standards. ACA is an in-depth look into the operations of the facility, assessing the facility using 455 performance standards and best practices including the areas of safety, treatment programs and administration. CJTS is preparing for its third accreditation later this year. Additionally we have included in Attachment A, the Tow Foundation report titled, *Juvenile Justice Reform in Connecticut: How Collaboration and Commitment Have Improved Public Safety and Outcomes for Youth*. This report indicates how CJTS has evolved over the years of Raise the Age implementation and areas of excellence. Finally, DCF would also like to offer Attachment B, a comprehensive listing and explanation of the programming provided by CJTS for your review.

## Juvenile Justice (JJ)

12. Over the last four years, provide all DCF JJ funding reductions (budgetary, or agency implemented) along with the % of children and youth, committed as delinquent to DCF, that reenter the JJ system for each of those years (the recidivism rate).

Juvenile Four Year Program Comparison						
	SFY 11 Budget	SFY 12 Change	SFY 13 Change	SFY 14 Change	SFY 15 Change	SFY 15 Ending Budget
Wrap Around Funds	\$ 702,546	\$(302,546)	\$ -	\$ -	\$ -	\$ 400,000
Fostering Responsibility, Education and Employment (F.R.E.E.)	\$ -	\$ -	\$ -	\$ 3,335,723	\$ -	\$ 3,335,723
Intensive Home Based Services: Family Functional Therapy	\$ 515,000	\$(103,000)	\$ 2,061	\$ 2,059	\$ -	\$ 416,120
Juvenile Case Management: Outreach, Tracking and Reunification	\$ 1,554,606	\$(416,626)	\$ 5,690	\$ (1,143,670)	\$ -	\$ -
Juvenile Criminal Diversion	\$ 456,911	\$ 20,000	\$ (34,095)	\$ 1,904	\$ (219,829)	\$ 224,891
Juvenile Justice Intermediate Evaluation	\$ 2,102,349	\$ 27,651	\$ (171,305)	\$ 20,209	\$(1,097,886)	\$ 881,018
Juvenile Review Board (Community Diversion)	\$ 650,000	\$ -	\$ 3,250	\$ 12,394	\$ 377,590	\$ 1,043,234
Multidimensional Family Therapy	\$ 1,796,309	\$(297,002)	\$ 7,495	\$ 7,499	\$ -	\$ 1,514,301
Multisystemic Therapy	\$ 854,000	\$ -	\$ 4,270	\$ (278,530)	\$ -	\$ 579,740
Juvenile Services Education Re-entry and Delinquency Prevention Program (STEP)	\$ 2,278,000	\$ -	\$ 11,141	\$ (2,289,141)	\$ -	\$ -
Work To Learn/Employment Training	\$ 200,000	\$ 51,355	\$ 123,897	\$ 177,918	\$ 168,145	\$ 721,315
Other Programs	\$ 992,540	\$(191,396)	\$ (185,204)	\$ 436,441	\$ 532,674	\$ 1,585,055
Uncommitted	\$ 1,375,227	\$ 309,543	\$ 1,084,299	\$ (868,691)	\$ 239,306	\$ 2,139,684
						\$ -
						\$ -
	<b>\$ 13,477,488</b>	<b>\$(902,021)</b>	<b>\$ 851,499</b>	<b>\$ (585,885)</b>	<b>\$ -</b>	<b>\$ 12,841,081</b>

## Youth Service Bureaus (YSB) Program Transfer to DCF

1. What is the current funding formula for YSB and how will this formula change with the proposed transfer?

- Reallocate Youth Service Bureaus from Dept. of Education to DCF: \$2,300,000
- The Youth Service Bureaus were developed in collaboration with communities as a response to a growing number of issues affecting youth. The role of Youth Service Bureaus (YSBs) has been broadened to include both advocacy and coordination of a comprehensive service delivery system for youth.
- The Youth Service Bureaus line item is reduced by \$1.3m under SDE's budget. The remaining \$2.3m is transferred to DCF. The funding reduction reflects eliminating the YSB Enhancement grant (first authorized in FY 2008 and described below), for a savings of \$620,000. It also reflects a \$689,000 reduction in funding for the traditional YSB grants.
- Under current law, the YSBs across the state will get a basic grant of \$14,000 apiece, for a total of \$1,414,000. The remaining \$886,000 will be available to share proportionally with the towns getting in excess of \$15,000 in FY 1995. The \$886,000 will be reduced by up to \$46,000 should DCF elect to utilize a portion of the appropriation for administrative expenses. No greater than 2% of the appropriation may be used for administrative purposes, per statute.
- The YSB Enhancement grant is formula based, as follows:

<b>Population Served</b>	<b>Amount</b>
<b>≤ 8,000</b>	<b>\$3,300</b>
<b>8,001 – ≤ 17,000</b>	<b>\$5,000</b>
<b>17,001 – ≤ 30,000</b>	<b>\$6,250</b>
<b>30,001 – ≤ 100,000</b>	<b>\$7,500</b>
<b>&gt; 100,000</b>	<b>\$10,000</b>

- (Grant awards were to be prorated downward proportionally in fiscal years in which the appropriation was insufficient to fully support the formula payments.)

## **Youth Service Bureaus (YSB)**

2. How much funding does each YSB currently receive (disaggregate how much of this funding supports administration and overhead, and how much supports programs and services)?

3. How much funding will each YSB receive under the proposed transfer?

- Please see attachment #5

## **Youth Service Bureaus (YSB)**

### 4. What are the potential benefits and disadvantages with this transfer?

Many municipalities began creating Youth Service Bureaus in the late 1960s and early 1970s to address growing youth problems including crime, family crisis, school truancy and substance abuse. Presently, there are 99 YSBs serving 126 of the state's municipalities. They provide individual and group counseling, parent training, family therapy and other services. Many of the YSBs are also responsible for operating Juvenile Review Boards, which are a community diversion program to keep young people from entering the juvenile justice system. The YSBs focus on prevention, diversion, substance abuse and family crisis is closely aligned with DCF's statutory mandates and mission. Having the YSBs more closely ties with DCF's system of care would be a benefit to the children and youth served by the YSBs because it would improve coordination across the juvenile justice system and provide a stronger connection between the YSBs and DCF's Wilderness School.

## Congregate Care

1. How many congregate beds are there currently, by type of facility (therapeutic group home, STAR home, Safe Home, etc.)?
2. How many and what % of these beds are currently empty?

### Congregate Care Bed Capacity

7-Mar-15

<i>Service Type</i>	<i>Total Bed Capacity</i>	<i>Vacant Beds</i>	<i>Current Utilization</i>	<i>Average Per Diem Rate</i>	<i>Annualized Cost of Vacant Beds</i>
Residential Treatment Centers (all beds are fee for service)	217 128 co-ed, 42 female, 47 male	19	91% (DCF does not have exclusive use of these beds - many are filled through insurance/private pay clients)	449.36	\$ 3,116,312
Therapeutic Group Homes (grant funded)	198 6 co-ed, 86 female beds, 106 male beds	14	93%	399.21	\$ 2,039,963
Therapeutic Group Homes (fee for service)	10 5 female, 5 male	0	100%		
PASS Group Homes (fee for service)	51 34 male beds, 17 female beds	10	80%	326.13	\$ 1,190,375
Maternity Group Home (fee for service)	16 All female	7	56%	312.65	\$ 798,821
STARs (grant funded)	78 39 female beds, 39 male beds	36	54%	339.64	\$ 4,462,870
Safe Homes (grant funded)	70 All co-ed	60	14%	191.45	\$ 4,192,755
<b>Total:</b>	<b>640</b>	<b>156</b>	<b>76%</b>		\$ 15,801,095

## **Congregate Care**

3. Should the Governor's recommended congregate care funding reduction go forward: (A) how will the type of beds to be closed be decided and when, (B) what is the process and timeline for alerting the affected homes and transitioning residents to new locations, and (C) how are children/youth transitioned to a new location monitored to evaluate the impact of the transfer, and whether or not they are receiving necessary supports?

Please see attachment #6

3A. A list of potential programs is generated and reviewed with senior leadership. In this assessment performance factors are considered. For your review, attached is the latest report from performance Improvement Center on Group Home performance outlining quality indicators.

3B. After a thorough review is completed, a preliminary recommendation is made and discussed with senior leadership. Impacted programs receive a minimum of 60 days notice of anticipated closure.

3C. Regional office staff, providers, and value options partner to create transition plans for each youth. Licensing staff visit the programs to ensure adequate staffing. Youth who remain in our care continue to be served by their workers who ensure proper services are in place.

## Congregate Care

4. Which homes were closed due to the *Board and Care for Children – Residential* account reduction of \$5.4 million in the FY 15 Revised Budget and what will be the actual FY 15 savings from these closures?

<b>Congregate Care</b>					
<b>Question 4: SFY 15 Savings of \$5.4 Million</b>					
<b>Provider</b>	<b>Type Of Home</b>	<b># Beds</b>	<b>Original SFY 14 Budget Amount</b>	<b>SFY 15 Savings</b>	<b>SFY 16 Savings</b>
Community Mental Health Affiliates - Pando House	Group Home	5	\$ 938,709	\$ 782,257	\$ 938,709
Northeast Center for Youth & Families - Horizon Girls	Group Home	5	\$ 938,709	\$ 782,257	\$ 938,709
Wellspring - Pendana/Bethlehem House	Group Home	5	\$ 938,709	\$ 782,257	\$ 938,709
Youth Continuum - Harbour House	Group Home	6	\$ 987,851	\$ 823,209	\$ 987,851
Youth Continuum - Laurel House	Group Home	6	\$ 987,851	\$ 823,209	\$ 987,851
Community Residences	STAR	6	\$ 743,815	\$ 619,846	\$ 743,815
		33	\$ 5,535,644	\$4,613,035	\$ 5,535,644

## **Congregate Care**

5. In concert with the change described above, \$2 million was provided to enhance community-based, in-home alternative to residential placements. How will this funding be expended and evaluated for effectiveness in FY 15?

The \$2m community based funds support the implementation of the CME, a recommendation outlined in the Children's Behavioral Health Plan. With the sole source approval to Value Options we finalized a 3.1.15 start date.

This is CT's first Care Management Entity. This will be an Intensive Care Coordinating and Family Peer Specialist team assigned to work with the children who have the most difficult, and most needy behavioral health issues (and most costly). The focus will be to develop community and family-based alternatives that would allow the child to grow and develop in a more normative environment. (As opposed to a costly, restrictive setting that is not as family friendly).

This is also aligned and merged with the Department's CONNECT II federal SAMHSA grant. The focus of the CONNECT federal dollars is to assist CT in developing a better integrated more comprehensive network of care for children with behavioral health needs regardless of where they live or if they are system involved or not.

## **Congregate Care**

6. Where are the children that were brought in-state from out-of-state now? Are any homeless? Please see attachments #7A, 7B, and 7C

The Department looked at the most recent information from the following sources:

- Open DCF Placements Data
- Open DCF Cases Data
- Achievement Measures on Discharge (POC#20) Reviews
- Re-Entry Request Log
- National Youth In Transitions Survey Data

Based upon that information, it appears the out of state congregate exit data distribution is as follows:

- 71.60% have no current involvement with the Department. Of that percentage, 11.10% appear to be living with family, friends, by themselves, or are receiving services from DMHAS or DDS.
- 14.80% have an open DCF case, but are not in placement
- 13.70% are in a DCF Placement

Data specific to evaluating the homelessness status of youth who have exited care is not readily available. A more comprehensive evaluation would have to occur in order to assess whether any of the young adults are currently homeless.

## **Congregate Care**

7. How does DCF evaluate whether or not children/youth are being provided enough time in congregate care before being transitioned home?

Value Options evaluates progress youth make on treatment goals. Progress on treatment goals is routinely tracked and when goals are met a youth is flagged as ready for discharge. Goals are established by the treatment provider in collaboration with the regional staff and the youth.

Please see attachment #8

## Homeless Youth

### 1. Which is the best agency to combat teen homelessness: DCF, or the Department of Housing, and why?

- To best combat teen homelessness, we would need an established partnership with one lead agency and one supporting agency, in addition to strong municipal and provider partnerships. Teen homelessness must be addressed in the communities where these youth have access to housing resources and case management services including mental health, substance use, workforce development, life skills, and other holistic wraparound supports to help these teens become successful and self-reliant young adults. Stable housing is a cornerstone upon which all of these other services can be built and the Department of Housing would play a critical role to ensure that there are ample housing resources available to meet the housing demands for this vulnerable population. However, the more complicated supports for these youth are the wraparound case management services that are administered, currently, by DCF, and many of these services are TANF-eligible services which DCF has experience with claiming for.
- An example of DCF's current capacity to combat teen homelessness is reflected through our existing partnership with the Department of Housing to establish the supportive housing program for young adults with The Connection (aka "START" program, please refer to Slide 21 for more details on that promising program).
- We believe this supportive housing model would be an ideal model to bring to scale statewide as an effective strategy to combat teen homelessness, and better support youth transitioning from DCF's foster care and juvenile justice systems. These youth are among those at greatest risk for homelessness, unemployment, and other disparate outcomes. For these reasons, we believe that DCF is best equipped to serve as the lead agency for this effort.

## Homeless Youth

2. How is funding for the Homeless Youth account being utilized and evaluated in FY 15, and how will this change under the Governor's recommended budget?

The Young Adult Supportive Housing (YASH) Program was re-named by the young adults participating in the program and advisory board in the spring of 2014 to "Start". A better representation of the program that helps youth to start to live on their own and transition to independence with an essential support network. The Start program provides housing and homeless services to youth ages 16-24 by conducting individual assessments to determine needs of the youth, including, but not limited to, risk of victimization, mental health, substance abuse, medical, educational/vocation, and natural supports in order to obtain stable housing.

In SFY 2015, after receiving additional funding from the state legislature the Start program which provided a two year (24-month) Transitional Program that included housing, financial assistance and case management services; was expanded to include Emergency Housing such as host homes, emergency apartment placements, access to transitional housing and Street Outreach – providing information on services and referrals for transitional and permanent housing options, referrals for other community resources (i.e. mental health, substance abuse), survival aide (coats, blankets, food, etc), prevention and education for infectious disease, domestic violence, sex trafficking. LGBTQ Specific Services and housing are also provided.

## **Voluntary Services Program (VSP)**

1. Describe the Voluntary Services Program.

Please see attachment #9

## Voluntary Services Program (VSP)

2. Provide data related to the decrease in VSP funding related to the increase in the insured population.

Please see attachment #9

Voluntary Services						
Placement Type	SFY 13 Actual	SFY 14 Actual	SFY 14 Change from SFY 13	SFY 15 Projected	SFY 15 Change from SFY 14	
<b>Family Based</b>	\$ 138,382	\$ 312,913	\$ 312,913	\$ 309,365	\$ (3,548)	
<b>In-Home</b>	\$ 3,177,412	\$ 2,620,393	\$ 2,620,393	\$ 2,417,977	\$ (202,416)	
<b>Independent Living</b>	\$ 40,045	\$ -	\$ -	\$ -	\$ -	
<b>Medical</b>	\$ 6,101	\$ 34,051	\$ 34,051	\$ 15,839	\$ (18,212)	
<b>DCF Facilities</b>	\$ 28,529	\$ 3,076	\$ 3,076	\$ 8,452	\$ 5,376	
<b>PDC/Safe Home</b>	\$ 54,321	\$ 12,374	\$ 12,374	\$ 7,049	\$ (5,325)	
<b>Congregate Care</b>	\$ 8,311,552	\$ 5,861,610	\$ 5,861,610	\$ 5,519,137	\$ (342,472)	
<b>Total</b>	<b>\$ 11,756,342</b>	<b>\$ 8,844,418</b>	<b>\$ 8,844,418</b>	<b>\$ 8,277,819</b>	<b>\$ (566,598)</b>	
<b>Clients Served</b>	<b>580</b>	<b>413</b>		<b>434</b>		
<b>Average Cost</b>	<b>\$ 20,269.55</b>	<b>\$ 21,415.05</b>		<b>\$ 19,085.88</b>		

## **Post-Majority Services (Age-Outs)**

1. What services are provided to young adults that were in the care and custody of DCF, post-majority?

Youth who were committed to the department at age 18 are eligible to continue with services until 21 or 23 depending on their post-secondary education (PSE) plans. Youth are eligible for the following services related to post- secondary education supports:

- College tuition costs plus board and care up to the current cost of attending CCSU (approximately \$23,000 annually).
- Housing and living expenses during the summer and vacations.
- To remain compliant with the program, youth must accumulate 12 credits per semester and maintain a 2.0 GPA to remain in good standing. The youth may remain with the Department until the end of the school year of their 23rd birthday.
- Youth who chose to attend a vocational program are eligible for services until 21 or upon completion of their program. Youth are eligible for employment training services and support for 18 months or until they reach 21 years old.

Other Supports:

- Tutoring and/or additional support services as well as starting-out expenses are available to all PSE youth until their 21st birthday. Parenting youth are eligible for baby startup expenses & daycare as well as a monthly subsidy of \$100 per baby/child. Youth are eligible for community case management (CHAP CM) for 18 months or until their 21st birthday. Youth not yet 21 are eligible for 2 post-secondary education/vocational/employment programs.

## Post-Majority Services (Age-Outs)

### 2. What data is available to evaluate how these individuals are doing? Please see attachment #10

The Department facilitates the Federal Reporting for Children Ages 17 and 19 implemented through the National Youth in Transition Database (NYTD). The survey focuses on the key indicators for children in this age group that are transitioning from care. Attached for your review is complete national report. (Attachment 10) The statistics for children that have remained in foster care, and not achieved permanency and or a connection to an adult in their lives are not good. Connecticut's youth are doing better than the national averages as indicated below but this is a at risk population that requires strong supports.

#### Key Indicators

	Connecticut	National
Employment PT or FT	15.75%	20.37%
Enrolled in Educational Training Program	30.14%	24.01%
HS Diploma/ GED (Age Dependent Result)	1.37%	24.39%
Enrolled in Ed Program	96.58%	80.61%
Experienced Homelessness	8.22%	17.14%
Referred SA Assessment or Counseling	30.14%	23.64%
Incarcerated at some point	25.34%	32.64%
Had children	5.48%	8.67%

**Albert J. Solnit Psychiatric Center – South Campus**

1. Provide the average daily cost per child/youth (both the agency’s cost and, separately, the Comptroller’s rate), staffing figures, the average daily census, and the average length of stay at Solnit – South.

Please see attachment #11 and 12 for detail

		SFY 13	SFY 14	SFY 15
DCF Per Diem Rate		\$ 1,421	\$ 1,446	N/A
Comptrollers Per Diem Rate		\$ 2,422.65	N/A	N/A
Average Census		58.8	58.3	60.00
Total In Patient Days		21445	21296	N/A
Average Length of Stay		111.10	100.94	N/A

## **Global Agency Question**

1. What are the anticipated impacts of the proposed contract eliminations and reductions?

Please see attachment #13A and 13B

## **Global Agency Question**

2. Given the financial crisis that Connecticut faces, please provide a list of the most prudent current services spending reductions totaling at least 5% of DCF's budget.

The Department supports the Governor's budget recommendations.

## **Global Agency Question**

3. Has DCF investigated other, possibly more efficient alternatives for patients at its facilities, such as placement in private facilities? What has DCF learned from this investigation?

Each time a child requires residential treatment a CANS assessment is prepared. The CANS is a detailed summary of the child's treatment needs. The CANS is assessed by the Behavioral Health Partnership, Value Options, and matched to a level of care. State Institutions represent the highest levels of care in the system and only children that require the highest level of care are admitted into these facilities. If a lower level of care can adequately meet the child's needs, the child is referred for placement in a private facility.

In the past two years, DCF has changed the level of care in its two behavioral health facilities to meet the void in the in-state system, enabling children that once had to go out of state for treatment to receive treatment in state. Solnit North had been converted to Psychiatric Residential Treatment Facility (PRTF) for adolescent boys. Solnit South has converted three units to PRTF level of care for adolescent girls and continued to operate four inpatient level of care units. There are no privately operated PRTF level of care beds for adolescents in the state.

## **Global Agency Question**

4. How does DCF evaluate the programs it funds? Please see attachment #14

The Department employs a multi-pronged approach to evaluating the quality and effectiveness of the program it funds. First, this begins with articulating a vision and framework for the Department's work and in turn the services on its continuum.

The Department's mission of the DCF is to work together with families and communities for children who are healthy, safe, smart and strong. This is contextualized by the Department's cross cutting themes, which are implemented through core performance measures and contract outcome measures. The Department also provide analysis through development of measures using the Result Based Accountability (RBA) format, process indicators, site visits and the Department's Service Array Review Assessment (SARA) meetings. The Department employs all of these tools to create a complete construct to evaluate a vast service array that is unparalleled in its variety. Please see attachment 14 for a comprehensive explanation of the processes and products.

## **Global Agency Question**

5. Provide information on how DCF has shifted funding to invest in evidence-based programs post-implementation of DRS.

Please see attachments #15A and 15B

## **Global Agency Question**

6. What is DCF doing differently to improve outcomes?

Please see attachment #14

- The Department has made tremendous infrastructure investment and strides in the last 4 years to cultivate a robust learning culture and data environment. Key to the ability to change practice to improve outcomes is the development of rich data resources. The tools used by the Department that are being expanded and improved upon include the use of data and reports portals, Result Oriented Management (ROM), Program and Services Data Collection and Reporting Systems (PSDCRS) and the replacement of the State Automated Child Welfare Information Systems, the case management and federal reporting system. Please see Attachment 14 for an explanation of these systems and their function in improving outcomes.

## Global Agency Question

7. Breakout the Governor's recommended budget by community based programs, adoption & foster support, residential support, and all other funding.

DCF SFY 16-17 Governors Budget By Program

Program	SFY 14 Actual	SFY 15	SFY 16 Gov's Budget	SFY 17 Gov's Budget
Community Based	\$ 130,139,211	\$ 148,681,691	\$ 145,983,130	\$ 146,061,868
Foster Care & Adoption Support	\$ 429,289,255	\$ 445,258,664	\$ 457,952,679	\$ 461,989,589
Residential Supports	\$ 92,611,608	\$ 91,720,363	\$ 77,901,855	\$ 77,885,234
Other	\$ 121,598,918	\$ 129,397,020	\$ 247,623,828	\$ 251,249,865
Total DCF General Fund	\$ 773,638,992	\$ 815,057,739	\$ 929,461,492	\$ 937,186,556

## Global Agency Question

8. Has an evaluation been done of: (A) the effectiveness of DRS/FAR and (B) the impact of funding reductions to DRS/FAR? What has the evaluation shown?

Please see attachment #16

OUTCOMES: The data from DCF reports shows the number of intake reports in the year before CSF began (2011) and the subsequent reports in that year compared to the number of reports and subsequent reports in the year after CSF began (2013). In 2013, 38% of all 24,630 reports were FAR reports. While the overall number of reports increased slightly (4.8%) from 2011 to 2013, the proportion with subsequent reports decreased by a third (14% lower in 2013).

- 76.6% discharged met treatment goals
- Reduction in unemployment status
- Increase in being employed 25 hours per week
- Average length of service ranged from 121-171 days

## **Global Agency Question**

9. How much TANF funding does DCF receive and how is it being expended? What % goes towards administrative services, rather than direct services?

DCF does not receive any Temporary Assistance for Needy Families (TANF) funds in its budget directly. Many of the Department's grant funded programs are eligible for TANF reimbursement from the federal government. DCF collects the necessary data from the Department's case management system and the community providers to create reports for DSS to use in the Statewide TANF claim. DCF programs that are included in the TANF claim, include case management services and investigations, prevention, early childhood development, support for recovering families including housing supports, and community behavior health programming. The claim represents approximately \$150 million in services provided by DCF.