



case
study

The Connecticut Turnaround

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The Connecticut Turnaround

Introduction

After a series of high-profile fatalities in the mid-2000s that drew unwanted headlines and unnerving political scrutiny, Connecticut’s Department of Children and Families (DCF) had become understandably reticent about challenging the status quo. Caseworkers were carrying too many cases. Too many children were languishing in institutional settings, including hundreds in out-of-state placements. And life-changing decisions about kids, families and placements were routinely being made without involving families or other community partners.

The increasingly risk-averse department was slow to apply the most up-to-date and data-informed approaches to policies and practices, and reluctant to engage with families and communities to fulfill the

agency’s mission of keeping children and families safe and healthy. Compounding the problem, a long-simmering class-action lawsuit, *Juan F.*, (which the advocacy nonprofit Children’s Rights filed in 1989 against the state) as well as a tight budget climate further depressed hopes of sorely needed innovations at the floundering department.

“It is not as though different administrations didn’t mean well,” says Allon Kalisher, an 18-year veteran of the department who started out in child protective services. “It’s just that nothing ever changed.”

Much has changed since Connecticut’s leaders embarked on a series of reform initiatives, including enlisting the help of consultants from the Annie E. Casey

TRADITIONAL DECISION MAKING



Foundation's Child Welfare Strategy Group (CWSG), to transform DCF's policies and practices.

Today, more than five years, a new governor and several significant reforms later:

- the number of children in out-of-home placements has fallen 15 percent, as more children are kept safely at home with appropriate support services;
- 34 percent of children who are removed from their homes are placed with relatives;
- the number of children placed in group and institutional settings has dropped by 57 percent; and

- the number of children 12 and under placed in institutions has plummeted by 79 percent as out-of-state group placements have dropped an astonishing 92 percent.

"We have seen a shift back to family-centered practice, back to applying the principles of good social work to child and family welfare," says Jodi Hill-Lilly, a 26-year DCF veteran who leads its training program.

Engineering and supporting a wholesale shift "from a system heavily dependent on compliance to one focused on performance" has been key to the turnaround, adds Michael Williams, now DCF's deputy commissioner of operations after directing the department's Hartford regional office.



AN IMPROVED DECISION MAKING PATH

OPTIMAL PATH

Child-centered decision making: Having the right people at the table encourages better decisions and better outcomes

Team Decision Making Meeting

More kin placements and more stable foster homes

Siblings are more likely to stay together, contact with birth family increases

Children have better permanence results (higher reunification and guardianship rates)



It's About Involving Families

In 2010, when CWSG began working in Hartford with then-Governor Jodi Rell and DCF leaders, many veteran DCF staff members maintained that working more closely with families, communities, providers and advocates would pave the path to progress, but their most urgent focus was on the high number of children in group settings — a practice they attributed to the department's attempts to keep siblings together — as their most challenging impediment to better outcomes for children and families.

But when CWSG examined the data, they found a different, more profound, problem. What fueled the high number of group home placements wasn't an effort to keep siblings together. In fact, CWSG discovered that very few children in group settings lived anywhere near their siblings. Instead, children were placed in group settings because front-line caseworkers and managers were focusing solely on concerns about physical safety without looking for family strengths or considering the emotional toll of removing children from

home. Often, they lacked the training to work directly with the families whose children were at risk of entering the system. An "if-in-doubt-pull-them-out" premise, coupled with the traditional, solo decision-maker, "my case, my call" mentality caused front-line staff and managers to place children in institutions instead of exploring all viable options.

"We were definitely erring on the side of safety before everything," says Lawrence Rinehart, a 10-year social worker in DCF's New Haven office. "So we were running out of foster homes. Always scrambling for placements. There were always kids in the office, a situation that could have been resolved if we pursued less intrusive actions than removal."

Without the time to work closely with children and families to understand their situations, DCF caseworkers generally saw no choice other than removing children from their homes. They had little information about parents' strengths and weaknesses, or information about the challenges families were facing in caring for their children. At the same time, caseworkers didn't typically explore

USING DATA TO DEVELOP AND DRIVE A SYSTEMS-CHANGE AGENDA

The child welfare field has made great strides in collecting and using data. But many agencies struggle to collect sufficient and relevant data to illustrate the experiences of children and families — or they are so awash in data that they are hard-pressed to analyze it.

"Quantitative data about when children enter and exit, how long they stay, how often they move — this helps you understand their experience," says Judy Wildfire, a consultant for the Annie E. Casey Foundation. "But you also have to have qualitative information, which is why CWSG engagement teams spend significant time on-site speaking to children and families, agencies staff and stakeholders."

"We not only want to be sure of cause and effect," she adds, "we also want to be able to test hypotheses about what will spark lasting change."

whether anyone in the extended family might be willing to care for children if parents couldn't.

Connecticut's DCF lagged in another critical area: Recruiting and retaining quality foster families. Consequently, DCF was relying on a costly option: Sending children to group care settings, from shelters and group homes to out-of-state residential facilities.

Making a Difference

DCF, CWSG and a variety of national consultants and local community partners joined forces in 2010 to develop a plan for substantive change.

A CWSG assessment produced data that served as a starting point. Immediate goals were to ensure that concerns about abuse and neglect were adequately investigated and that initial decisions about removal were improved so fewer children were needlessly pulled from their homes.

As CWSG and other consultants collaborated with DCF, the state also considered the use of Differential Response, a model that helps caseworkers identify families they believe are capable of keeping their children safe with additional support, such as housing or medical care.

DCF had already partnered with other consultants to introduce a practice model, a new way of working with families. Practice models define how agencies do their work, describe how agency staff and their contractors will interact with children and families, and define standards for programs, policies and interactions with clients. In DCF's case, the practice model was called Strengthening Families and it included a focus on respecting and engaging families.

Pivotal Point

The substantive work accomplished during the Rell administration provided an important foundation for later improvements. As Gov. Dannel Malloy took office in January 2011, a lot of work remained to be done, including addressing the atmosphere of conflict, defensiveness and failure that was still pervasive at DCF.

Malloy vowed to make children and families a top priority. One of his first decisions was to appoint Joette Katz DCF commissioner. The appointment would prove critical to shifting DCF's attention from merely complying with rules to focusing on its core mission: ensuring safety, well-being and permanence for Connecticut's children.

At the time of her appointment, Katz was serving as a Connecticut State Supreme Court justice. She had experience in child and family issues, but mostly she had a reputation for impatience, an ability to identify and stay focused on key goals and a penchant for action.

"She is really a visionary around community-based and in-home services," says Alice Forrester, executive director of the Clifford Beers Clinic in New Haven, a behavioral health services provider. "She really wants the best for the children in her care, and she is quite bold and quite determined."

In January 2011, three critical forces came together: DCF leaders who were determined to improve performance and staff morale; CWSG and other consultants and partners who were collaborating to develop a road map of what needed attention; and a state legislature ready to support major changes in DCF structure, policy and practice.

“It really was a pivotal point,” says Tracey Feild, CWSG director. “You had a commissioner, a governor and a legislature who were ready to take action.”

Quickly and all at Once: Reorganizing for Reform

With a strategy in hand, Katz pushed a lot of change quickly and all at once, including overhauling DCF’s organizational chart.

“DCF was very siloed,” Katz says. “We had separate heads of behavioral health, child welfare and juvenile justice.” Diffusion of accountability and responsibility had become a culturally comfortable way to operate, even if was not conducive to organizational effectiveness.

“I had people saying, ‘Well, that’s not a child welfare issue, that’s behavioral health.’ And you’d go back and forth. I said, ‘On any given day with any given issue, it’s usually the same kid!’”

During their first week on the job, Katz and her team drew up reorganization plans, which they decided would include moving staff members from the administrative offices in Hartford into regional offices so they could more effectively serve children and families.

“We had behavioral therapists and educational consultants in the central office for no reason,” Katz says. “We needed them in the field.”

Meanwhile, to create a more direct line from the central office to the field, Katz won legislative authority to create non-civil service, non-union director positions for each of the state’s six regions. Each reported to the commissioner.

“The staff in the central office act as sort of a think tank, looking at general policies and practices, but implementation and buy-in has to be at the ground level,” Katz says.

FITS AND STARTS: CONNECTICUT REACHES FOR IMPROVEMENT

1989: Children’s Rights, an advocacy nonprofit, files a class-action lawsuit, *Juan F.*, against the Connecticut Department of Children and Families.

1991: Mediation plan and a federal court monitor are chosen to oversee reforms and resolve the lawsuit as part of a consent decree.

1993: Legislature makes drastic cuts to DCF budget, effectively derailing settlement efforts.

2004: The state and *Juan F.* plaintiffs develop a “Final Exit Plan” to end the lawsuit by 2006. But the state draws multiple contempt charges for chronic failure to meet the plan’s standards.

2009: The court monitor orders the state to get outside help. Gov. Jodi Rell asks Casey’s Child Welfare Strategy Group to conduct an assessment and recommend improvements. Other outside consultants and partners contribute to the change effort as well.

2010: Casey recommends significant changes to improve family engagement and involvement in decision making, and begins providing limited assistance to the Rell administration.

2011: Joette Katz is appointed DCF commissioner and launches significant reforms, including a major reorganization of the department, sweeping policy changes and ramped-up partnerships with families. DCF launches Family Strengthening practice model and Differential Response. CWSG’s work expands significantly in support.

2013: As Casey’s large-scale consulting efforts end, the state’s out-of-home population has fallen, along with the number of children in group settings. Using a new team meeting approach, more children are staying safely with their parents or being raised by family members rather than living in out-of-home group settings, away from family and friends. Community-based supports and evidence-based services expand and improve, but DCF struggles to meet all requirements of the consent decree.

Katz also won legislative support to share information and data among child-serving departments to smooth the transition for children moving out of DCF custody or interacting with other public agencies.

“It was clear that new leadership at DCF signaled a new and very real commitment to high-quality, results-informed policies and practices,” says Diana Urban, chair of the Connecticut House Children’s Committee.

Partnering with Families

From the start, Katz looked to substantively improve how her front-line staff worked with families. CWSG recommended instituting family meeting practices such as Team Decision Making (TDM). States that have implemented TDM have seen two key trends: First, more children are able to remain safely at home with birth parents. Second, more children who are removed are more likely to be placed with relatives or a foster family, resulting in fewer placements in group settings.¹

“Our hypothesis,” says Gretchen Test, a senior associate at the Casey Foundation who led CWSG’s work, “was that if DCF could involve families in decisions about how best to care for their children and keep them safe, more kids could grow up in families. To do that, DCF needed families right there in the middle of the decision-making process.”

As frequently happens in organizations undergoing significant shifts, suggestions for practice changes, such as introducing TDM, were met with widespread skepticism across DCF. This despite the fact that mounting research indicates that decisions improve as additional

people are brought together to discuss how to deal with an at-risk child or family, and that the benefit of engaging families and family friends can be significant.

As in other states that have adopted TDM, initial reactions ranged from skepticism about families’ ability to engage, to worry about an increase in the amount of casework involved in pulling key players into a meeting. But data from other states were clear and powerful: with more of the right people involved in making placement decisions, outcomes for kids and families improve.

“It really is helpful to have external expertise that uses examples from other states,” says Fernando Muniz, DCF deputy commissioner. “We can say, ‘You know what, this has worked in other places, so why don’t we just try it?’”

Dinise Starks, a 25-year DCF veteran who is now a supervisor in the New Haven office and a TDM facilitator, was one of those initial skeptics.

“I thought: ‘By the time they implement this, I’m going to be eating soft food.’ I just didn’t see how they were going to convince front-line staff.”

The key to gaining buy-in among staff members, Starks says, was a consistent, clear and thoughtful message about why it was important “to completely change a certain way we’d been doing business.”

Also crucial to a turnaround in attitudes, says Teresa Mason, a social worker in DCF’s Middletown office, was that the benefits of these meetings became clear pretty quickly.

“Connecticut is an advertisement for collaboration,” says Tracey Feild, director of the Casey Foundation’s CWSG. “Don’t get me wrong: Getting so many players working together took considerable time. I didn’t always believe the approach was going to pay off. But you can’t argue with the results.”

In Connecticut, consultants included Casey Family Programs, who paid for training caseworkers in the new practice model. The Jim Casey Youth Opportunities Initiative supported efforts to improve supports to older youth aging out of foster care.

¹ The Annie E. Casey Foundation (2014). *Team decision making: Engaging families in placement decisions*. <http://www.aecf.org/m/resourcedoc/AECF-TeamDecisionMakingCaseStudy-2014.pdf>.



TDM, she says, “is more family driven. It gives [parents] an opportunity to say what they think needs to happen and what’s best for the child.”

DCF has used two modified versions of TDM. The first is known in Connecticut as Considered Removal meetings, designed for children the department is considering removing from home (or who have been removed on an emergency basis). Such TDM meetings were aimed at quickly (within two days) bringing together family members and others to discuss what was happening in the lives of the child and family, and charting the least restrictive course of action to ensure child safety. The second is what are called Expedited Permanency Meetings (EPM), a one-time meeting approach that focuses on moving children already in group settings to families.

“We started [EPM] with children age 12 and under in group placements,” Muniz says, “and staff started accepting it — and actually using it more — once they saw that it was successful.”

More Children Stay Safely at Home or with Relatives

TDM outcomes have been impressive. More than three-quarters of the children for whom Considered Removal TDMs were held were able to stay safely at home. Of the children who had to be removed, the majority went to live with relatives or with foster families instead of being placed in institutions.

“This change is significant. It is the key change that will sustain all other reforms,” CWSG’s Feild says.

DCF’s staff members in the field were surprised and impressed, says Roxanne Dumbrowski, an intake worker in DCF’s Middletown office. Dumbrowski was especially pleased that TDM meetings proved so useful in identifying relatives for children who couldn’t live at home.

DCF began to use other approaches to build trust with families. For example, they began to require that staff members notify parents and guardians in advance of a visit, even one triggered by a hotline call, unless the situation was clearly an emergency or high risk situation, or

CONNECTICUT: THEN AND NOW

Early results indicate measureable improvements.*

	2010, 3rd Quarter	2014, 3rd Quarter	+/-
Kids with kin	815	1,227	+51%
Kids in care	4,074	3,423	-16%
Kids in group placement	1,045	449	-57%

* Includes child welfare population in DCF custody ages 0-17

when family contact information wasn't readily available.

"I have to admit, I was against the policy at first," says Rinehart, in the New Haven office. "My first reaction was, 'That's not how we do business here.' But think about the whole idea of unannounced visits. You're trying to catch someone? Doing what? You'd show up and the person wasn't expecting you and they're immediately on the defensive and the conversation is all over the place. Now you say, 'I'm coming at 2 o'clock and this is what I'd like to talk to you about.' It's much more productive."

"I love announced visits," adds Teresa Mason, a Middletown caseworker. "It's easier to engage with [families] ahead of time and tell them what's going on. It's giving them respect. Besides, no one likes to have someone at their door unannounced, especially if it is DCF."

"We had one funny thing happen during implementation of the call-ahead policy," adds Commissioner Katz. "A worker called a parent to tell her in advance that

she'd be visiting. The parent said, 'Are you new?'"

But connecting with families is still a case-by-case proposition, says one Norwich frontline caseworker.

"You can throw all the new tools at me that you want. But at the end of the day, it's relationship building that's key, and that takes time and work. It helps if clients feel comfortable with you and trust you."

Support is Everyone's Job

Another new approach that required some persuading: Underscoring to front-line staff the importance of supporting each and every caregiver, whether the caregiver was a family member or a foster parent.

DCF launched a campaign called, "Support is everyone's job!," which incorporated the concepts of the Strengthening Families practice model and extended them to kin caregivers and foster parents.

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- Norwich, CT, frontline worker

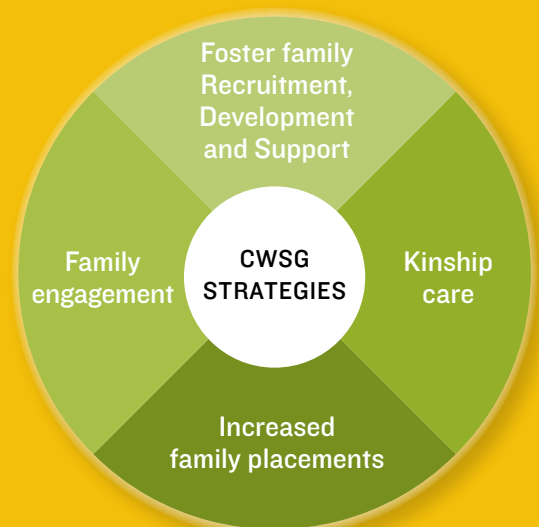
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A SYSTEMS-CHANGE BLUEPRINT

CWSG and Connecticut agreed on four strategies and a set of results by which to measure progress.

Desired Results

1. Increase the percent of children initially placed with a family
 - a) Increase percent of children initially placed with kin (first priority)
 - b) Increase percent of children initially placed with a foster family (second priority)
2. Reduce the number and percent of children entering group placements
3. Reduce the number and percent of children in group placements (and increase number and percent of children in families)



Frontline workers say that digging hard to search for relatives takes more effort upfront, but that in the end it reduces workloads. That's because a greater percentage of children and youth who might have remained in the system are now living in safe homes with kin.

“A foster parent who feels she is a respected partner on the team, who gets a quick response when she calls the worker, is more likely to be a better foster parent, stay longer with DCF and help recruit other foster parents,” says Ken Mysogland, formerly the DCF foster care director and now the DCF’s ombudsman.

Gone were the days of thinking relatives needed less help than foster parents. Gone were the days of sitting at recruitment tables at fairs and malls to find foster parents.

“The world of kin and foster parent support has changed dramatically — and for the better,” says Denise Goodman, a CWSG consultant. “In Connecticut, each regional office pored over its recruitment plan to install improvements. Some added social media elements. All worked to beef up their targeted recruitment. Targeted recruitment, of course, is a license for caseworker creativity. It’s about asking, ‘What can we do to find a family for this specific child or teen?’”

Meanwhile, DCF layered on other ways to engage families. Some of the regions organized regional advisory committees to build partnerships with and among families, providers, advocates, adoptive families, foster parents, other interested community members and DCF staff. “We set a course from the beginning to make these partnerships real,” Kalisher, now Region 3 director, says. “Basically, it’s about sharing the power. We’re using the same principles we apply to our workforce to communities. Very early on, one of my goals was to re-establish our regional advisory council.”

The committees are a work in progress. In Kalisher’s region, the committee meets

monthly to discuss everything from ways to recruit foster parents to specific needs for community services, and even to air out issues within the committees. For example, at a committee meeting in Hebron, one discussion centered on possible reimbursement for time and travel for participants who attend meetings as volunteers.

Prioritizing Kin

While she was shaking things up in Hartford, Katz made two other critical changes across the system. One was to assume that children would be placed with kin in cases for which removal was necessary. The other was to push an aggressive and intensive effort to reduce the number of children and youth in group placements, especially those who had been placed out of state.

In earlier days, turning to relatives as a placement option was fairly controversial. In states as disparate as Louisiana and Maine, the overwhelming suspicion was that “the apple doesn’t fall far from the tree” when it came to kinship placements. Breaking down that attitude is key to achieving effective TDMs, but in some states there are rules that discourage kinship placements. As a result, CWSG helped Connecticut augment its “Support is everybody’s job!” campaign by using Kinship Process Mapping (KPM) in each region. KPM is a standardized process that ChildFocus developed for Casey.² It uncovers rules, regulations and practices that are barriers to placing children with family members.

Front-line workers say that digging hard to search for relatives takes more effort upfront, but that in the end it reduces workloads. That’s because

² For more on KPM, see Kinship Process Mapping materials at www.aecf.org.

a greater percentage of children and youth who might have remained in the system are now living in safe homes with kin. Workers also note that searching for relatives adds yet another way to positively engage with families and open up a wider variety of placement options for kids.

“In the past we’d let relatives come to us. Now we go out and actively try to find them,” Reinhart says.

But, he adds, engaging family members is a powerful and effective step.

Among other things, it ensures the department has as many options as possible when it comes to placements.

Connecticut’s DCF also has grown smarter about the different ways in which parents can help care for their children, even if the children are not able to stay at home.

“For example, in the old days, if we were trying to find a father and it turned out he was in prison, we’d just say, ‘He’s not going to be any help,’” Rinehart says. “But now we make contact and maybe get some letter writing going. You try to foster that connection.”

As part of the push toward kinship care, the agency changed its foster parent waiver process to enable more family placements. Previously, if a license application had any red flags at all — such as lack of an extra bedroom or a separate bed for the child — the family member was summarily dropped as a placement option. New policies require that DCF look more closely at family placement prospects, even those that are flagged because of a concern about an individual or a family’s situation. Following federal requirements, if a

red flag doesn’t involve safety concerns, a provisional license can be granted and immediate steps taken to address any concerns about a potential family caregiver’s capabilities. For example, if the relatives didn’t have a bed for a child, they would be granted a provisional license and caseworkers would work with them to find a bed.

The results have been promising — and fascinating. DCF and CWSG looked at how children fared when their caregivers — mostly kin — were licensed through the new waiver process versus those in traditional foster family placements. Children in waiver homes had higher rates of reunification and adoption, and lower rates of maltreatment while in care, than other children in foster care.

“The key is not making assumptions or judgments about people,” DCF’s Mysogland says. “It’s back to the issue of partnering and engagement.”

Moving Children out of Group Settings

While the department was refocusing on reducing the need to put children in group placements, Katz also was working to significantly shrink the number of children who were already in group settings.

“Moving youth now in group placements to family has been a powerful driver of change in every state where the approach been implemented,” Feild says. “It sends one very clear and powerful message: Children and adolescents should grow up in safe, stable and secure families that support their long-term well-being. They deserve the least restrictive, most effective placements possible to support their social and emotional development.”



“We used to have tons of kids in residential care. Now more adolescents are with families, whether those are specialized homes, relatives or foster care.”

Moving kids to families was a crucial shift for DCF.

As in all the states where CWSG has worked, there was initial, widespread skepticism that youth who have been living in group placements for long periods of time could be moved back to a family and community setting. In particular, front-line staff members and managers were worried that a child who had been moved from a group setting to a family would be harmed and DCF would be blamed.

Katz worked to allay these concerns. “When I took the job, the governor said he would have my back,” she says. “That’s the message I took into the field. I am trying to change the culture, so I told staff that I would have their backs, too.”

This was not an incidental concern, especially when the agency launched an intensive, team-based, region-by-region effort to bring children in out-of-state placements home to their state, communities and families. Younger children were a particular concern. A state law had been passed just before Katz was appointed. It required DCF to eliminate use of group settings for children under age 5, which Katz supported. She also wanted to significantly reduce the number of children in group settings who were older than 5.

While many field staff members initially expressed skepticism and trepidation about reducing the use of group settings, others embraced the decision. Caseworkers and managers in Middletown, for example, who serve the largest geographical region in the state, moved the majority of children on their caseload to lower-level placements. Many children moved to families.

“We used to have tons of kids in residential care,” says program manager Mark Dumay. “Now more adolescents are with families, whether in specialized homes, with relatives or in foster care. We’re doing a lot more in-home services and are more focused on keeping kids out of residential placements.”

Managers and caseworkers in the Norwich office, which serves the same region, say they appreciated the need to find the least restrictive placement for children, but stressed the need to be mindful that some children need a residential treatment program, at least for a while.

Ensuring confidence in the plan for change remains the struggle with major systems reform efforts, Feild notes. “As you decrease use of group settings, you need to be figuring out what services the children and families in your community need. Sometimes group care is needed for emergencies, when a child is a danger to him- or herself and others. Most problems children have can be addressed using effective treatments or services while children live in families. However, if those services are not available, reform — and children and families — will founder.”

“There are many barriers keeping child welfare agencies from moving children from group placements to families, but two are interrelated.” Feild adds. “First, providers are unlikely to support reductions in group placements if they are uncertain how to change their business model. With no clear process for helping providers make the switch from residential services to newer models, the fiscal pressure on good providers can be daunting. Second, in too many communities, effective services for children and families who require intensive support simply do not exist. A key question for any reform effort is, ‘Can the agency, providers and the community

work together to build a continuum of useful services?”

Bold Partnership with Providers

As in other states where leaders have pushed to reduce out-of-home group placements, some providers in Connecticut were set on opposing the effort, while others understood it was time to re-tool.

“I think there were private providers who were excited and interested in having a commissioner who was willing to come in and take some bold steps in partnership with us,” says Forrester, with the Clifford Beers Clinic. “The idea was we’re going to close your beds, but build something new.”

“Three years ago we had 29 Connecticut kids in our five Massachusetts schools, and now we’re down to fewer than 10,” says Michael Morell, Connecticut director of the Justice Resource Institute, a large human-services institute based in Massachusetts. “We support Commissioner Katz’s efforts to focus on community-based care, which is why we recently brought our Massachusetts community-based services model to Connecticut.”

In the first year of the Malloy administration, a significant number of children, mostly living out of state, left residential placements. It took time, energy and leadership’s reassurance to encourage caseworkers and supervisors to take what Katz calls “educated risk” when placing kids in less secure therapeutic settings. Staff members engaged more families in children’s treatment even when the children were living away from home.

Since DCF launched the initiative, out-of-state placements have plummeted 92 percent, from more than 362 to 22 in mid-2014.

“It was really a matter of identifying the kids, figuring out who they are, what they need and who they can come back to,” Katz says. “A lot of those kids came back to home and families, so it really makes you wonder why they were in these restrictive placements far from their families in the first place.”

The same proved true when it came to focusing on specific age groups. When the department focused on reducing the number of children under age 12 in group settings, the numbers plummeted from more than 200 to fewer than 50. For kids under age 6, only six remained in institutional placements as of the end of September 2014.

Going Forward

The progress that Connecticut’s DCF has made during the past few years is promising, but challenges remain, primarily related to continuing to improve frontline practice and building and financing services to support children where they belong — in families.

To further strengthen how caseworkers interact with youth and families, DCF last year began implementation of Permanency Teaming. This Casey-developed approach to case management focuses professionals, youth and family members, family supporters and service providers on making sure youth don’t languish in the foster care system — and that they leave the system with a family. More than 1,500 social workers, supervisors and managers have been trained, along with 36 treatment foster care staff from local private providers.

“Foster care is meant to be temporary,” Feild says. “Permanency Teaming should help ensure that while a child is in the system, every conversation is focused on making sure children have deep, lasting



family connections and that their time in foster care is brief. That includes teenagers — teenagers need families, too.”

To reduce group placements and support children living in families, leaders must prioritize effective, flexible, accessible community-based services.

“We’re moving to get and keep kids out of residential placements,” said one front-line social worker in Norwich. “But we still don’t have adequate community resources to meet these kids’ needs. You look at what we’re trying to implement, but these kids need services to be successful.”

Additionally, supervisors such as Dinise Starks in New Haven worry about caseworker burnout and secondary trauma given the increased complexity of cases. “These caseworkers see some horrific stuff,” she says.

“We’re seeing a lot of mental health issues and trauma” among caseworkers, says Christie Reagan, a supervisor in the DCF Norwich office. “The issues are more significant and layered; there’s substance abuse, mental health, domestic violence, opiate use.”

While DCF staff members, providers and advocates understand the importance of expanding community-based services and ensuring adequate staffing to help alleviate the potential for burnout, building a comprehensive network of services and maintaining adequate staffing levels remains a significant challenge.

To address some of these issues, DCF hired an additional 80 caseworkers and supervisors in May 2014. Katz also set a number of ambitious goals, such as increasing kin placements and

implementing policies to further reduce group placements.

Nonetheless, the process of change continues to be difficult. For example, when the department began to reduce group placements, it hit an unexpected challenge: savings from group placement reduction were not all reinvested into family- and community based services. Instead, some of the savings were swept back into the state’s general fund.

Moving forward, the state’s struggle to build staff capacity, recruit and support foster families and diversify its service array compromises DCF’s ability to continue improving outcomes for children and families. It also offers a lesson to other jurisdictions: Previously negotiated, written commitments may be necessary to preserve enough savings to support family- and community-based services.

“You’re pulling kids out of group settings and saving money, but that needs to be reinvested in community-based services,” says Region 3 Regional Advisory Council chair Donna Grant, who is executive director of a small community provider in the northeast part of the state. “The restrictive view of the Office of Planning and Management about taking back surpluses and banking them leaves the community to pick up the pieces. The legislature needs to understand that.”

Katz has argued the case in front of the legislature, with limited success. So far, despite the continued squeeze on resources, DCF has held onto and even increased measureable improvements for children and families.

Change has drawn plenty of critics. Some express concern about the pace of change, saying there has been too

much, too fast. Some criticize the agency's handling of controversial individual cases. Others complain that the pressure of federal oversight keeps DCF focused on complying with the court monitor's 22 measures in the Juan F. case rather than assessing and attending to the needs of children and families.

Generally speaking, however, most staff members say they believe the department has undergone an important transformation and that change is likely to stick, largely because it dovetails with what most front-line workers have long maintained was the right way to do social work.

Probably most important is that change in Connecticut is now driven by a powerful belief in what's best for children and families, not fear of failure or punishment or the lurking imperatives of a long-running federal court case.

"For me, it's been about changing how and why we're doing certain things," says Brendan Burke, a supervisor in the DCF Middletown office. "We're doing these things for the right reasons now. Upper management is sending the message that it's not just about the numbers, it's about what's in the best interest of kids and families."

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