

Department of Children and Families – Appropriations Subcommittee Workgroup

Work Session, March 15, 2021

1. How would reducing a PRTF unit at Solnit North affect children waiting in emergency departments for congregate care beds?

- Currently, the Solnit North PRTF for boys has an actual capacity to serve up to 30 boys and this has been the historical actual capacity for the past 10 years. The funded capacity has been for 38 boys, but we have never exceeded 30. The action we took in budgeting this year was to ask for funding consistent with this history.
- This action does not have an impact on the current capacity of PRTF beds for adolescent boys in the state.

2. Is there a need for PRTF, or other congregate care beds, for children under 13 years of age?

Recent trends vary.

- 2020 data suggested there was a need for PRTF level of care for youth under the age of 12
 - 24 youth total in CY20, ages 0-12 were awaiting PRTF in a hospital
- 2021 youth data show a shift in need
 - 4 youth total in CY21 YTD, ages 0-12 are waiting in the community
 - 1 youth total in CY21 YTD, age 0-12 is waiting in a hospital
- Additionally, there is not a congregate care need of any kind for children under 13.

3. Is there a waitlist at Solnit South?

Yes, there is a waitlist for Solnit South PRTF as of March 11, 2021.

- There are 3 units, each has capacity for 7 youth.
- We currently have 13 youth.
 - There is an admission scheduled for Wednesday.
 - This brings the census to 14, which is capacity in 2 cottages.
 - Planning 2 discharges in the next 2 weeks, which will be replaced by 2 youth on referral.
- In addition to the youth with plans for admission, there are 8 youth on referral.
- The third cottage has been reserved for quarantine during pandemic. The cottage has also been impacted by a psychiatrist on leave for the past year. He is returning this week.
- Plans are to bring an additional half cottage back online and reserve half a cottage for quarantine. That will add capacity to admit another 4 youth on the current list. Pending available staffing resources, we would anticipate being able to do this by the end of March.
- That would leave a waitlist of 4 youth on referral who would be awaiting additional discharges.
- It should also be noted that these youth would be eligible for placement in a private PRTF that is currently offline.

4. How many individuals are turned away from DCF services annually, on average, and why?

All children that meet the eligibility criteria for the Voluntary Care Management (VCM) program are enrolled by Beacon Health Options.

Eligible families for the Voluntary Care Management program have a child/youth:

- Under the age of 18 with a diagnosed emotional, behavioral or substance use problem
- With a developmental disorder, in addition to a primary diagnosis of an emotional, behavioral or substance use problem
- Who cannot access the services they need
- Families must share insurance information and financial information including their most recent tax forms

Currently, there are no youth awaiting ASD services through Beacon. There are instances where families present requesting a congregate care setting, but in an effort to serve youth in least restrictive environments, the youth's needs are assessed and the family may be referred to in-home providers first in order to keep the family intact and the youth out of a congregate environment.

Regarding access to services, there are at least seven therapeutic group homes in our system equipped to treat youth with developmental delays and those with ASD. However, youth with ASD having more intensive needs often are not accepted in those homes and end up in residential care where families tend to disengage. Families report the current service continuum does not adequately support or meet the needs of their children that have ASD/ID, especially those who are non-verbal and in need of assistance with activities of daily living.

5. How many children are currently in an out-of-state placement, and for what reasons?

There are currently five (5) children placed in out-of-home congregate settings in a state other than Connecticut. Four (4) of the five (5) placements are in Massachusetts and one is in Vermont. Two (2) of the children are placed voluntarily in Massachusetts, meaning they are still in the custody of their parents and DCF supports the placement with financial and case management support.

6. Please explain the projected FY21 account lapses and deficiencies by account.

Please see attachment A.

7. How are accounts' current needs accommodated in the Governor's FY22 and FY23 Budget?

Response on following slide.

Current Services

Adjust Funding to Reflect Current Needs

Personal Services	(2,000,000)	(3,000,000)
Workers' Compensation Claims	(224,851)	(224,851)
No Nexus Special Education	1,008,655	1,008,655
Board and Care for Children- Adoption	2,671,241	6,260,320
Board and Care for Children- Foster	(1,229,712)	1,865,546
Board and Care for Children- Short-term and Residential	(2,791,944)	(2,750,846)
Individualized Family Supports	(667,884)	(289,704)
Total - General Fund	(3,234,495)	2,869,120

Governor

Provide funding of \$2,671,241 FY 22 and \$6,260,320 in FY 23 for the Board and Care for Children- Adoption account, and \$1,008,655 in both FY 22 and FY 23 for the No Nexus Special Education account. Reduce funding by \$224,851 in both FY 22 and FY 23 for the Workers' Compensation Claims account, \$2,791,944 in FY 22 and \$2,750,846 in FY 23 in the Board and Care for Children - Short-term and Residential account, and \$667,884 in FY 22 and \$289,704 in FY 23 in the Individualized Family Supports account. Reduce funding by \$1,229,712 in FY 22, and provide funding of \$1,865,546 in FY 23, for the Board and Care for Children- Foster account.

7. How are accounts' current needs accommodated in the Governor's FY22 and FY23 Budget?

- Personal Services (10010) - The Department has been able to reduce the use of overtime due to the new ability to provide some services remotely. This has reduced the need for employees to travel and the need for overtime hours.
- Workers' Compensation Claims (12235) - The DCF expenditures in this account have been reduced with the closure of the Connecticut Juvenile Training School.
- Board and Care for Children – Adoption (16132) - The increase in this account is to accommodate a caseload increase that is anticipated due to delays in adoption processing due to various issues related to COVID-19.
- Board and Care for Children – Foster (16135) – The decrease in FY22 is due to a reduction in caseload due to COVID-19 impacts; we expect a rebound in FY23, resulting in an increase in funding in that fiscal year.
- Board and Care for Children - Short-term and Residential (16138) - The reduction is related to the repurposing of under-utilized congregate settings to Quality Parenting Centers and the shifting of associated funding to the Foster Care account.
- Individualized Family Supports (16140) - The Department has seen a reduced need for individualized family supports with the implementation of new diversion programs and a reduction in caseload. Although it appears this account is experiencing a reduction, as it is a reduction from the FY21 budgeted amount, it is an increase in both years over the projected spending levels in FY21.

8. What educational services are available to children and youth in congregate care, by setting?

- At residential campuses there are on-site schools. Some of the campuses also serve clinical day students in their schools. For group homes, the youth attends school in a community setting. In shelters, youth attend in community settings as well.

9. What are DCF's data infrastructure needs? What data improvements are currently in progress at the agency?

Internal Needs

- DCF's case management and individual direct service payment system is designed based on the federal government standards for Comprehensive Child Welfare Information Systems (CCWIS). DCF receives 50% reimbursement for development and equipment costs that meet these standard under the Title IV-E program.
- DCF is in the midst of rebuilding the legacy case management system named LINK and building replacement modules in CT KIND.
- There are 11 different modules that will be turned off in LINK and turned on in CT KIND as follows: Careline, Intake, On-Going Services, Case Planning, Staff Management, Provider Management, Eligibility, Common Functions, and Administrative Functions.
- The Careline replacement module is in development. The Intake/Investigations module is in the planning stage and being readied for development.
- Underlying programming needs are expected for the implementation of the State Prevention Plan under the Family First Prevention Services Act (FFPSA).

Public Facing

- Planning a public facing webpage sharing licensing information for congregate care facilities.
- Updating electronic forms for non-binary gender identification.
- Exploring ways to improve interoperability across state systems.
- External systems for users, providers and the public related to the State Prevention Plan under FFPSA.

Information Systems Projects In Response to COVID-19

- Deployed over 2,500 tablets and telecommunication devices to allow employees to work remotely and maintain family contact.
- Launched multiple software packages to support remote meetings, telework and family visitation.
- Developed telehealth capabilities at our institutions to allow families to participate in treatment meetings, visits with family and to maintain post discharge contact with patients.
- Replacement of the Careline call center telephone system software to allow the employees to social distance.

10. What are the anticipated benefits to DCF from the Governor's centralization of Human Resources and Labor Relations functions across state government?

- DCF has worked closely with DAS and OLR on HR Centralization. While there have been many hurdles, we look forward to consistency in standards of practice, efficiencies in recruitment and retention efforts, along with added resources that centralization offers.
- On average, DCF hires approximately 400 employees in a normal year. Continuity of staffing is critical to meet the needs of the children and families we serve and is also essential for our continued progress towards exiting the Juan F. Consent Decree. In addition, we are preparing for increased retirements in 2022 with over 600 staff (20%) eligible to leave.

11. Question

According to the Commissioner, less than 5% of calls from schools to the DCF Careline result in substantiated cases of abuse and/or neglect. Please provide information on DCF's partnership with the State Department of Education to reduce the number of unsubstantiated reports of abuse and neglect to the DCF Careline, including the number of "boots on the ground" Social Workers (SWs) to be placed in which schools, and what the potential federal Title IV-E reimbursement would be for these SW services.

11. Response

- Throughout 2020, the Careline has partnered with the State Department of Education (SDE) to create guidance and other documents for school staff around reporting abuse/neglect and assessing children in a remote environment. In addition to this guidance, collaborative webinars with both SDE and DCF Commissioners was held during the fall for educators.
- In alignment with FFPSA, as well as our prevention mandate, DCF intends to create a Prevention Specialist team that will be located in the three highest areas of mandated reporting (education, hospitals and law enforcement). To pilot this critical work, we will be establishing three Prevention Workers to be located in three elementary schools (TBD) in the Waterbury area. The Prevention Specialists will continue to have a nexus to the DCF area office. Through partnership with the local Superintendent, those schools will be identified by the end of March.
- The services described are not Title IV-E reimbursable under foster care. Only evidence-based services approved by the FFPSA Clearinghouse are available for reimbursement.

12. How much Title IV-E revenue was generated in FY20, how much is anticipated in FY21, and, broadly, which DCF services are Title IV-E reimbursable?

Totals:

- FFY '20 - \$110, 059,939
- FFY '21 - \$ 101,319,667 (Est.)
- Title IV-E reimbursable costs fall into 3 major categories: Maintenance, Administrative, and Training costs for three major programs-Foster Care, Adoption Assistance and Guardianship Assistance.

Maintenance:

- Board and care, including daily supervision whether in an institution or a day care provider. Note: in day care settings, foster parents must be working for the service to be Title IV-E reimbursable.
- Food, clothing, school supplies, and child's personal incidentals, shelter, reasonable travel to remain in school.

Continued on Next Slide

12. How much Title IV-E revenue was generated in FY20, how much is anticipated in FY21, and, broadly, which DCF services are Title IV-E reimbursable? Continued

Administrative:

- Allowable costs related to pre-placement activities, determining eligibility, preparation for placement and referral costs before a child enters placement
- Preparation for participation in judicial determinations limited to preparation of court reports
- Can claim administrative costs for unlicensed/unapproved relative home for 12 months
- Case assessment
- Case management

Training:

- For employees, providers, attorneys, foster parents and court staff

13. What was the total amount of revenue in FY20 from Medicaid and private insurance reimbursement of Solnit Center (South and North) services?

FY2020	
Facility	Revenues
Solnit North	\$16,814,871
Solnit South - Hospital	\$15,053,886
Solnit South - PRTF	\$17,753,923
Total Revenue	\$49,622,680

14. Where are individuals that are identified as victims of sex trafficking placed within the DCF service array?

Connecticut's child victims of sex trafficking have access to all the department's services, assuming they meet the level of care and particular program requirements. In 2020, there were 149 referrals. Below was their living situation at the date of the referral:

- Parent Home - 88 (59%)
- Relative - 13 (9%)
- Friend - 1 (>1%)
- Foster Care - 14 (9%)
- Group Home - 4 (3%)
- Residential Treatment Center - 2 (1%)
- Psychiatric - 3 (2%)
- Other - 6 (4%)
- Unknown - 18 (12%)

14 a. What specialized services are provided to these children and youth?

Connecticut has a number of specialized services for child trafficking victims, all are members of the CT Human Anti-trafficking Response Team (HART). The majority of the specialized services are intensive case management type programs that will work with the youth regardless of the child's residence. The exceptions are the Supervised Apartment and Independent Living (SAIL) and Lisa's Wish programs, offering two levels of independent living type programs. The majority of these services are funded through federal contracts.

- Love 146/Survivor Care
- Youth Continuum/New Haven Partnership for Minor Victims of Human Trafficking
- Salvation Army/Bloom Initiative
- Connecticut Institute for Refugees and Immigrants (CIRI)/Project Rescue
- Community Solutions/SAIL and Lisa's Wish

14 b. How does Family First Prevention Services Act (FFPSA) support services for victims of sex trafficking?

FFPSA prescribes major reforms to congregate, residential and group care to include:

- Defining a reimbursable eligible child-care institution as having 25 or fewer youth.
- Limiting federal payments for placements that are not foster homes or qualified residential treatment programs to two weeks. However, an exception to this rule is made for several circumstances, one of which is high-quality residential care and support services for youth that have been victims of trafficking or are at-risk.
- Allowable settings for this population are specialized group homes for sex trafficking victims or those at-risk of becoming victims.

15. Provide an update of FFPSA funding

CT supports a strong prevention continuum that meets the particular needs of the state's children and families. FFPSA is a tool to be used in our prevention work.

- DCF has received a federal formula grant award, in the amount of \$3,021,860, to assist with planning and implementation of the plan.
- The planning and development phase of CT's FFPSA plan is nearing an end. A completed draft is anticipated for May 2021. Included in the plan will be a candidacy definition, recommendations for Quality Residential Treatment Programs, and the initial selection of evidence-based programs contained on the Family First Clearinghouse.
- The first iteration of the plan will include only programs that can begin serving children and families immediately to take advantage of the temporary increase in the federal reimbursement rate for Title IV-E prevention programs from 50% to 100%. Jurisdictions can make amendments to their Prevention Plans at any point in time. We will continue to engage partners to analyze and make recommendations for additional services to be added.

16. Provide the FY19 Actual to FY21 projected expenditures for the Individualized Family Supports account. Why are expenditures for this wraparound service account trending downward?

DCF caseloads have been trending down and this has resulted in reduced wrap spending. The budgeted amounts for FY22 and FY23, are higher than the projected actual spending levels for FY21.

FY19 - \$5,581,546 (includes contractual payments of \$1,110,321 now paid in another line item)

FY20 - \$4,690,684

FY21 Projected - \$3,948,895

17. Please breakout the FY20 actual expenditures, and the FY21 projected expenditures, for Youth Service Bureaus (by account) and, separately, Juvenile Review Boards, by vendor.

- DCF began administration of the YSB grants on July 1, 2019. The FY20 allocations included an additional \$457,000 in funding added to the Enhancement line for the 102 YSBs.
- In addition to payments to the Bureaus shown on the attachment, there is \$14,080 included in the YSB appropriation for contracted data analysis and reporting.

Please see attachments B1 and B2.

18. Breakout the Board and Care for Children - Foster account FY20 expenditures, highlighting all daycare-payment-related expenditures.

THE DEPARTMENT OF CHILDREN AND FAMILIES				
BOARD AND CARE FOR CHILDREN - FOSTER SFY20 ACTUAL EXPENDITURES				
EXPENDITURE TYPE	SFY20 ACTUAL AMOUNT			
PLACEMENT STIPENDS	\$ 75,869,989		OTHER SERVICES	
			Almada Lodge - Channel 3 Kids Camp	\$ 81,351
INDEPENDENT LIVING	\$ 4,600,959		Dept of Public Safety - Livescan (Foster parent fingerprinting)	\$ 271,545
			International Social Services - USA	\$ 84,450
CONTRACTED SERVICES	\$ 11,795,913		Records Retention	\$ 648,417
			Misc.	\$ 121,409
WRAP SERVICES			Transportation	\$ 1,335,329
Independent Living	\$ 158,872		ABH - Oversight- Transportation SOOT	\$ 875,530
Court Ordered Psychological Evaluations	\$ 1,643,057		Travel	\$ 123,387
Publications/Legal Notices-In Home	\$ 363,349		IV-E Consultation (Judicial MOA 313)	\$ 191,952
Sheriff's fees and Other In Home	\$ 712,353		UCONN MOU -Rising Scholars (Five Star Academy)	\$ 170,000
Camp-Foster Care	\$ 890,413		Yale -Child Abuse Centers of Excellence	\$ 14,554
DayCare-FosterCare CPS	\$ 11,371,148		Klingberg - Wendy's Wonderful Kids	\$ 173,130
Miscellaneous-Foster Care-CPS	\$ 648,180		Love 146 (Domestic Minor Sex Trafficking Training)	\$ 348,363
Respite Care and Medical Treatment	\$ 211,547		SOOT - Sustainability Payments	\$ 2,788,834
Transportation Home/Other-Foster Care CPS	\$ 1,611,968		COVID-19 Emergency Purchase	\$ 2,050
Post Secondary Education	\$ 2,356,473		TOTAL OTHER SERVICES	\$ 7,230,301
Medically Complex -Extraordinary Expense/Respite	\$ 22,186			
Interpreters and Translation	\$ 1,417,230		BOARD & CARE REFUNDS AND ADJUSTMENTS	\$ 21,269
Youth Advisory Board Stipend	\$ 19,340			
Credentialed Services - Other	\$ 1,509,364		GRAND TOTAL SFY20 FOSTER CARE EXPENDITURES	\$136,698,353
Supervised Visits - Foster Care	\$ 3,164,720			
Transportation to School of Origin	\$ 10,212,715			
Permanency Placement Services - FC	\$ 279,015			
Federal Covid Relief Funds - Offset to FC Expenses	\$ (29,590)			
Debit Card	\$ 617,582			
TOTAL WRAP SERVICES	\$ 37,179,921			

19. Explain the process through which DCF works to ensure that appropriate, non-duplicated, timely payments are made to daycare providers (including the steps providers must take to secure payments from DCF), and how the agency intends to improve this process.

Please see attachment C.

20. What are the outcomes of Quality Parenting Centers in other states?

Many states offer center-based supervised visitation programs, as follows:

- FL, RI, NJ, NY, DE, IN, CA, NV, AZ, OR and NC
- The program goals are as follows:
 - Timely reunification/timely permanency
 - Improved parent/child relationship
 - Improved parenting skills
 - Reducing future maltreatment
 - Improved child well-being

Please see attachment D.

Provide an update on the Central Transportation Unit.

- FY20 - Initial hiring pool – 6 Maintainers (Drivers) and 2 Transportation Supervisors in the late Fall of 2019. In February of 2020, the Drivers were assigned both Driver and COVID-19 support duties, including the warehousing and transporting of PPE supplies to all DCF locations and to private non-profit providers and performing emergency infection control activities.
 - FY20 – Personal Services Costs - \$94,969.20
- FY21 – Sept. 2020 – 15 new Drivers were hired, expanding capacity to 19 Drivers in total. Continue to support COVID-19 activities, assisting other organizations with warehousing storage, including the Dept. of Agriculture/Salvation Army food deployment efforts. Averaging over 500 rides per month.
 - All expenses through 2/28/21 = \$357,182.97. Estimated offset in other transportation expenses of \$750,000 for a net savings of \$392,817.03.