

Department of Children and Families Appropriations Subcommittee Workgroup

Work Session, March 9, 2022



Question #1:

Provide the names of DCF's non-profit providers, and their scope of services.

A separate Excel workbook has been provided.

DCF utilizes a consolidated contracting approach whereby individual providers can operate multiple different services/programs under one individual contract with DCF. As such, DCF holds 96 contracts with 96 individual providers. These contracts encompass anywhere from 1 to 30 individual programs. In totality, DCF maintains 80 service types in its service array, provided through 330 individual programs across the state.

Question #2:

What are the current utilization rates of DCF's Extended Day Treatment programs (FY 22)?

Provider	Contract Capacity	SFY 2021 Utilization	SFY 2022 Utilization
Boys and Girls Village	46	47	35
Charlotte Hungerford	34	27	26
Children's Center of Hamden	124	65	59
Mid-Fairfield Child Guidance	40	45	47
Community Mental Health Affiliates	36	9	32
Family & Children's Aid	62	36	25
Hartford Hospital	24	21	14
Klingberg Comprehensive Family Services	54	67	46
Natchaug Hospital	116	68	78
Village for Families & Children	194	150	102
Wheeler Clinic -EDT Middletown	130	124	84
Total	860	659	548

Question #3:

Please explain how the Urgent Care Centers and the Sub-Acute Acute Crisis Unit (short-term) does, or does not, impact therapeutic group homes (long-term).

The UCC/SACS will have no impact on Therapeutic Group Homes.

The Urgent Crisis Center (UCC) is expected to provide a safe and effective alternative to the emergency department (ED) for youth experiencing a behavioral health crisis (mental health and/or substance use). The UCC will (within a 3-4 hour assessment period):

- receive children, ages 5-18 (or 21 if in DCF care), experiencing a behavioral health crisis via walk-in, police or ambulance drop off
- triage youth based on risk and needs
- provide de-escalation and crisis stabilization services
- offer a thorough assessment to determine appropriate level of care
- develop a crisis safety plan collaboratively with the family
- based on assessment results, coordinate care for children/families to receive appropriate level of care and type of services to meet their needs

The Sub-Acute Crisis Stabilization (SACS) program is expected to provide a safe facility for youth experiencing a sub-acute behavioral health crisis (mental health and/or substance use) to stabilize over a period of 1-14 days. It is anticipated that the SACS will each have a 12-16 bed capacity. The SACS will:

- receive children, ages 5-18 (or 21 if in DCF care), experiencing a behavioral health crisis following screening and assessment by another crisis service
- engage the child in de-escalation and stabilization techniques
- provide a full diagnostic evaluation and assessment
- provide medication administration and management as needed
- provide individual and group treatment to prepare the child to return to home, school and the community
- work collaboratively with the family, school and other professional and informal supports to support the child's discharge
- based on assessment results, coordinate care for children and families to receive the appropriate level of care at discharge

Question #4:

Provide details on where the 16 sub-acute crisis beds may be located and what organization(s) will house the beds.

DCF is currently drafting an RFP to solicit provision of this program by qualified private provider organizations. To ensure that state procurement guidelines are not violated, we cannot disclose the preferred location(s) for this program. It is DCF's intent to ensure statewide coverage by four of these programs, assuming that funding is received in SFY23 as recommended by the Governor. It is also DCF's intent to ensure that these programs accept statewide referrals, although the preference is to establish the service model to serve designated geographical areas within the state.

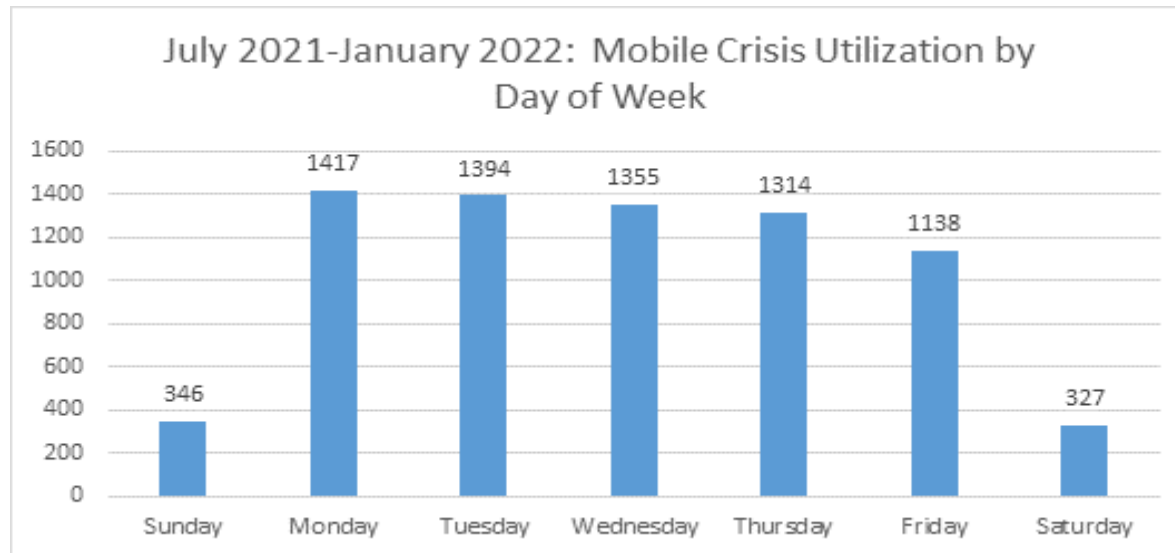
Question #5:

What is the current utilization of Emergency Mobile Psychiatric Services by region, time of day, and time of week?

Total Regional Episodes of Care/Utilization by Month, July 2021 - January 2022:

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Total
<i>Central</i>	98	100	195	224	224	228	184	1253
<i>Eastern</i>	43	58	168	175	197	149	154	944
<i>Hartford</i>	146	124	319	358	349	311	249	1856
<i>New Haven</i>	77	74	166	172	194	179	136	998
<i>Southwestern</i>	66	57	152	190	208	173	131	977
<i>Western</i>	84	103	225	255	227	226	143	1263
Total	514	516	1225	1374	1399	1266	997	7291

Episodes of Care/Utilization by Day of Week (July-January)



Question #5 cont...

Episodes of Care/Utilization by Time of Day (July-January):

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Total
0:00-0:59	5	10	10	6	11	15	5	62
1:00-1:59	0	3	4	2	5	0	0	14
2:00-2:59	1	4	2	1	1	0	1	10
3:00-3:59	2	1	1	0	3	1	1	9
4:00-4:59	0	3	1	1	0	0	1	6
5:00-5:59	2	0	1	3	2	0	0	8
6:00-6:59	1	2	16	10	16	7	11	63
7:00-7:59	9	9	45	41	30	21	39	194
8:00-8:59	23	8	97	88	70	88	56	430
9:00-9:59	14	31	106	126	154	134	99	664
10:00-10:59	42	33	138	161	150	132	115	771
11:00-11:59	38	42	130	181	158	160	120	829
12:00-12:59	45	39	131	141	153	124	95	728
13:00-13:59	52	35	104	137	159	151	107	745
14:00-14:59	41	43	71	117	96	112	81	561
15:00-15:59	46	37	63	93	82	86	57	464
16:00-16:59	37	43	65	55	74	47	52	373
17:00-17:59	29	43	46	47	47	46	36	294
18:00-18:59	32	34	54	47	44	40	32	283
19:00-19:59	34	29	44	42	48	29	31	257
20:00-20:59	19	29	48	28	43	36	29	232
21:00-21:59	21	17	22	24	25	19	15	143
22:00-22:59	6	7	14	15	15	10	8	75
23:00-23:59	13	13	11	8	10	6	6	67
<i>Total</i>	512	515	1224	1374	1396	1264	997	7282

* 1st Shift (8AM-4PM): 366 calls (5%) / 2nd Shift (4PM-12AM): 5,191 calls (71%) / 3rd Shift (12AM-8AM): 1,724 calls (24%)

Question #6:

What are DCF's certification standards for therapeutic group homes?

Please see the links to agency regulations included below. These regulations largely cover physical space, cubic feet of sleeping accommodations, cleanliness, adequate supplies in lavatories, personnel and training records, maintaining fire marshal clearance, and storage of hazardous materials, medication, and dangerous equipment.

<https://portal.ct.gov/DCF/Policy/Regulations/Operation-of-Child-Caring-Agencies-and-Facilities>

<https://portal.ct.gov/DCF/Policy/Regulations/Childrens-Homes>

Question #7:

The level of care assessment is determined by Beacon. Please provide a copy of a blank assessment.

Beacon uses the Child Assessment Needs & Strengths (CANS) assessment to determine the appropriate level of care.

A copy of the assessment's template has been forwarded separately.

Question #8:

Do therapeutic group homes have an extended day treatment component? If not, why?

Therapeutic group homes are licensed by DCF as child caring facilities and have full time clinical staff offering counseling for residents. The hours of the clinical staff are flexible to accommodate youth schedules.

Extended Day Treatment programming is provided at licensed outpatient psychiatric clinics or at licensed extended day programs after school.

Questions #9-10

Explain how elimination of the Differential Response System account and the creation of a new Care Coordination account, along with a reallocation in funding, is beneficial to Connecticut. Will this change eliminate Family Assessment Response (FAR) or build upon it, and, if so, how?

The Differential Response System (DRS) account is not being eliminated. Currently, this account funds the contracts for Family Assessment Response (FAR) services, and services provided through the Integrated Family Care & Support (IFCS) program which further built on the successes of FAR. The Governor's proposed budget reallocates the IFCS program funding from the DRS account into a newly established Community Care Coordination account. Funding for the FAR service contracts will remain in the DRS account and at the current funding level.

The Community Care Coordination account will be established by consolidating the IFCS program funding (\$7,461,681) with existing funding reallocated from the Community Kidcare account (\$517,397), reflective of the current funding dedicated to the Voluntary Care Management (VCM) program. This new account (\$7,979,078) will allow the Department to re-envision the services provided to the IFCS and VCM populations, to streamline the services for efficiency, and to implement care management activities for the federal Families First Prevention Services Act (FFPSA) target populations.

In summary, consolidation of this funding into one account will enable the Department to design and implement one service model providing care management to the IFCS, VCM and FFPSA cohorts of children/families. This change will not impact FAR service contracts, which will continue to be funded under the DRS account at the same level as in SFY 2022.

Question #11:

How many families were helped by FAR in FY 22? How many are anticipated to be helped by FAR in FY 23?

In State Fiscal Year 2021, 11,938 families were served through the Family Assessment Response (FAR) tract. In the first half of State Fiscal Year 2022, 6,596 families have been served through FAR, with projections for another 9,594 to be served by end of fiscal year (total projection of 16,190).

It is anticipated that State Fiscal Year 2023 numbers will be comparable to current year trends.

Question #12:

For the 3 Board and Care accounts, and the Individualized Services account, provide the starting caseload figures, and original FY 23 funding amounts, in the Biennial Budget as compared to the current caseload and funding estimates in the Governor's FY 23 Revised Budget, to explain the \$15,341,981 reduction related to re-estimates of caseload-driven expenditures.

<i>SID #</i>	<i>SID Title</i>	<i>Original FY 23*</i>	<i>Re-estimate FY 2023*</i>	<i>Difference</i>	<i>Policy Options</i>	<i>Recommended FY 2023</i>	<i>Policy Option Service Type</i>
16132	Board/Care- Adoption	\$111,010,454	\$109,384,511	\$(1,625,943)	-	\$109,384,511	
16135	Board/Care- Foster	\$144,471,637	\$136,849,565	\$(7,622,072)	\$500,000	\$137,349,565	Child Abuse Centers of Excellence
16138	Board/Care- Short-Term & Residential	\$78,391,093	\$72,667,628	\$(5,723,465)	\$4,463,400	\$77,131,028	Sub-Acute Crisis Stabilization
16140	Individualized Family Supports	\$5,595,501	\$5,225,000	\$(370,501)	-	\$5,225,000	
	TOTAL	\$339,468,685	\$324,126,704	\$(15,341,981)	\$4,963,400	\$329,090,104	

	<i>Placements Paid on a Per Diem Basis</i>	<i>Original FY 23 Avg. Monthly Proj.</i>	<i>Re-estimate FY 23 Avg. Monthly Proj.</i>	<i>1/31/20 Actual</i>	<i>1/31/21 Actual</i>	<i>1/31/22 Actual</i>
16132	Adoption/Subsidized Guardianship	8,795	8,622	8,160	8,080	8,332
16135	Foster Care	3,807	3,356	3,670	3,471	2,877
16138	Short-Term and Residential	180	160	176	145	121

	<i>Wraparound Services</i>	<i>Original FY 23 Avg. Per Mo.</i>	<i>Re-estimate FY 23 Avg. Per Mo.</i>	<i>Actual Avg. Per Mo. FY 19</i>	<i>Actual Avg. Per Mo. FY 20</i>	<i>Actual Avg. Per Mo. FY 21</i>
16140	Individualized Family Supports	\$ 253,292	237,500	\$ 264,684	\$ 215,324	\$ 74,186

* Full calculation previously submitted to the Office of Fiscal Analysis / DCF is committed to practice changes that sustain the downward caseload trend impacts realized by the COVID-19 pandemic.

Question #13:

What DCF programs address the rise in the trafficking of children and youth in Connecticut and what is the associated funding for these programs in this budget?

The Connecticut Human Anti-Trafficking Response Team (HART) consists of over 900 partners focused on a statewide response to eradicate child trafficking in our state. HART membership consists of the DCF HART Leads and Liaisons (embedded in each of DCF's 14 Area Offices), various state agencies, DCF-contracted Multidisciplinary Team (MDT) Coordinators and MDT membership, all levels of law enforcement, medical and mental health providers, service providers, state attorneys, public defenders, emergency medical services, probation, judges, legal services and the faith-based community.

The HART Education and Training Committee leads the state's training efforts, with 12 specialized curricula designed to train professionals working in child welfare, schools, law enforcement, probation, courts, service providers, mental health providers, hospitals, emergency medical services, lodging industry, communities, etc. During calendar year 2021, HART trained over 5,000 individuals in the various curricula.

In addition to providing education to adults, there are specialized curricula to educate children ages 12 and older. DCF has invested in the "Not a #Number" curricula and the "My Life My Choice" prevention curricula and has developed a Youth Awareness curriculum with statewide capacity to educate children. All curricula are available to children at schools, clubs, youth groups and within communities. Trainings are not currently mandatory in schools. During calendar year 2021, the number of children educated was 140.

DCF also contracts directly with Love 146 Survivor Care for the provision of Rapid Responses and Long-term Survivor Care to children ages 12 to 18 throughout the state. This contract is valued at \$347,001 annually, which funds 30 Rapid Responses and up to 25 Long-term Survivor Care (support) slots.

Expense/Contractor	Fund	Account	SFY 2021 Funding/Cost	Anticipated SFY 2022 Funding/Cost	Anticipated SFY 2023 Funding/Cost
DCF Staff (HART Liaisons)	11000	10010 (Personal Services)	\$90,810	\$132,171	\$132,171
Love 146, Inc.	11000	16135 (Board & Care/Foster)	\$347,001	\$360,881	\$360,881
		TOTAL	\$437,811	\$493,052	\$493,052

Questions #14-16

Which programs and services are included in the Family First Prevention Services Act (FFPSA) Prevention Plan? Please provide a copy of the Plan along with an Executive Summary. Does FFPSA include services for homeless families? Does FFPSA address the post-traumatic stress disorder needs for homeless children?

The full DCF Prevention Plan and FFPSA Executive Summary have been forwarded separately.

FFPSA claimable services are determined by the Title IV-E Prevention Clearinghouse (<https://preventionservices.abtsites.com/>). The Clearinghouse reviews evidence-based service models to determine them Well Supported (claimable), Supported (claimable), Promising (may be claimable in the future) and Not Supported (not claimable). These programs, when paid for or provided by the State, are then reimbursable at 50% of the cost of the service per slot, with an additional 50% of the case management cost of each child (\$695) reimbursed.

The services currently eligible for claiming through FFPSA that are already utilized in the State are:

- Functional Family Therapy
- Multi-systemic Therapy
- Nurse-Family Partnership
- Parents As Teachers
- Healthy Families America

Connecticut's FFPSA Plan includes services for homeless families. The Plan will extend prevention services to families experiencing specific behavior, conditions, or circumstances that are likely to have an adverse impact on a child's development or functioning and for whom research establishes that such characteristics or conditions place them at increased risk for maltreatment, involvement with the child welfare system, or out-of-home placement. Connecticut's unstably housed/homeless youth and their families are one of the identified candidacy populations to be served. While FFPSA offers an array of evidence-based services intended to address the mental health needs of children and their families, there is no service with a singular emphasis on post-traumatic stress disorder. Services for this diagnosis and others can be received via other available community mental health services. Connecticut sees this pathway as a tremendous opportunity to provide services earlier to families, to establish stability and family well-being and prevent foster care entry.

Question #17:

How does DCF go about hiring its social workers?

In early 2019, the Department implemented a predictive hiring process which was informed by an analysis of attrition rates coupled with case data. As a result, the Department determined that approximately 125-150 Social Workers would need to be hired on an annual basis in order to continually address attrition while, at the same time, ensuring that case-carrying staff caseloads remain within acceptable standards (currently 75%). ** Note: Caseload status is not number driven, it is a percentage methodology applied to the complexity of any given case when applied against the administrative tasks associated with a case (court appearances, transit time, case notes, etc.).*

Several years ago, the Department developed a collaborative internship program with schools of social work. One of the provisions of the program requires the department to give priority hiring to candidates who successfully complete the internship program and have been conferred a degree in social work. Interns enter into a contract with the Department in which they commit to applying for and accepting employment for a period of two years.

Caseload data and staffing are reviewed on a regular basis to determine the assignment of positions to each DCF office and establishment of target start dates.

The process and timelines are as follows:

- DAS Talent Solutions initiates the recruitment and selection process for Social Workers (SW) and social worker trainees (SWT) by posting an advertisement of both job classifications on the state job posting website. The agency posts advertisements for SWs and SWTs approximately 2 to 3 times per year.
- The Social Worker and Social Worker Trainee positions are posted to the public for a minimum of 7 days, with a typical response of approximately 1,400 to 1,800 applicants.
- Certification lists are provided by DAS Talent Solutions to DAS-DCF Human Resource Business Partners. The certification list for SWT is generally provided soon after the closing of the posting, as an appeal process is not applicable to SWT. The SW certification list is provided sometime after an appeal process, which is generally 6 days after the posting closes.
- Received applications are reviewed by DAS-DCF Human Resource Business Partners to confirm that applicants meet minimum qualifications. Those that meet minimum qualifications are moved forward through the interview process. During the first stage of the interview process candidates are scheduled to meet with a regional office location. Those that successfully make it through the first interview stage are then scheduled for the second stage and meet with the DCF Academy of Workforce Development.
- Candidates who make it through stage one and two of the interview process have their references checked, and are then offered a position and start date four weeks from the time of the job offer.
- Following the offer letter being issued, candidates are then sent through a background check process which includes a criminal history, and physical health assessment.
- Newly hired Social Worker/Social Worker Trainees participate in an orientation program and then report to work at their designated area office.

Question #18:

What is the salary range for new social workers?

Starting pay for a Social Worker is \$71,551.06 with a salary range up to \$91,065.25 annually.

Of DCF's existing Social Worker Trainee and Social Worker complement, average pay is:

	SW Trainee Full-Time	Social Workers Full-Time	Social Worker Part-Time
Average Hourly Rate	\$27.89	\$39.76	\$43.47
Average Weekly Rate	\$2,231.52	\$3,180.46	\$2,303.80
Average Annual Salary	\$58,242.77	\$83,010.04	\$60,128.71

Question #19:

How is DCF working with nonprofit providers to address DCF's staffing needs and their staffing needs?

DCF has, both throughout the COVID-19 pandemic and on a continuing basis, met with providers in various forums to discuss the staffing crisis.

- We have facilitated workgroups with providers to brainstorm about recruiting strategies.
- We have begun to evaluate the minimum qualification requirements in all DCF's contracts to allow for greater flexibility in hiring.
- We have established provider staffing challenges, specifically as DCF moves towards implementation of the Families First Prevention Services Act (which moves the State to an evidence-based prevention programming reimbursement model), as the singular focus of one of the Department's Racial Justice subcommittees, which includes provider representatives.
- We have committed to greater leniency in our provider budgeting process to allow, within budgetary and contracting guidelines, additional flexibility in the providers' budgets to assist with recruitment and hiring.
- We have changed our hiring practices to allow DCF hires from a non-profit agency to give 4 weeks' notice to the non-profit agency, instead of DCF's standard 2 week offer-to-employment timeframe.
- We are collaborating with providers to develop a process to share candidate pools of individuals who were not ultimately selected during our hiring process with the hopes that many might be good candidates for them.

Questions #20-21:

How many children lost a family member to COVID, or to an opioid overdose, in the past two fiscal years? What is being done by DCF to help build resiliency for these families?

DCF does not have the capability to track deaths not directly related to instances generating a Child Protective Services report, and thus does not have this data available.