

Department of Children and Families Appropriations Subcommittee Workgroup

Work Session, March 13, 2023



Question #1:

Please compare the FY 23 projected DCF account lapses (a net total of approximately \$50.1 million) to the Current Services adjustment made to 5 accounts based on expenditure trends (a reduction of approximately \$16.5 million in FY 24 and \$14 million in FY 25).

SID	SID NAME	SFY23 PROJECTED LAPSE/DEFICIT	Description
10010	PERSONAL SERVICES	\$20,500,000	Vacancies (Refer to Question 11)
10020	OTHER EXPENSES	(\$1,800,000)	Unanticipated IT system costs and increased utility/facility costs (Refer to Question 4)
16107	NO NEXUS SPECIAL EDUCATION	\$850,000	Caseload Trends (Refer to Question 2)
16132	BOARD AND CARE FOR CHILDREN - ADOPTION	\$2,200,000	Caseload Trends (Refer to Question 2)
16135	BOARD AND CARE FOR CHILDREN - FOSTER	\$15,300,000	Caseload Trends (Refer to Question 2)
16138	BOARD AND CARE FOR CHILDREN - SHORT TERM AND RESIDENTIAL	\$11,550,000	Caseload Trends (Refer to Question 2)
16140	INDIVIDUALIZED FAMILY SUPPORT	\$1,500,000	Caseload Trends (Refer to Question 2)
	TOTAL	\$50,100,000	

The Governor's proposed biennial budget includes adjustments to the five DCF caseload-driven accounts reflective of trending caseloads. DCF has realized a 25% reduction in children coming into care since 2018. This downward trend has continued, with a more than 15% reduction to children in placement between SFY 2021 and SFY 2022, culminating with the adjustments recommended in these five accounts reflected in the Governor's budget.

Question #2:

Please provide a comparison of the amount budgeted to the amount expended by each of the 3 Board and Care for Children accounts over the past 5 fiscal years, with the associated caseloads for each account (e.g., number of core foster placements, number of relative foster placements, etc.), and the % of caseload change in each fiscal year?

Board & Care Funding Trends:

2022

SID	Account Name	Appropriation	Actual	(+) Lapse or (-) Deficit	Caseload	% Change from Previous Year
16132	B/C - Adoption	\$ 107,421,375	\$ 103,808,748	\$ 3,612,627	8,194	-1.04%
16135	B/C - Foster	\$ 121,113,724	\$ 112,474,509	\$ 8,639,215	2,821	-18.04%
16138	B/C - Short Term & Residential	\$ 76,160,043	\$ 71,247,266	\$ 4,912,777	120	-26.67%

2021

SID	Account Name	Appropriation	Actual	(+) Lapse or (-) Deficit	Caseload	% Change from Previous Year
16132	B/C - Adoption	\$ 104,745,134	\$ 101,946,111	\$ 2,799,023	10,454	2.04%
16135	B/C - Foster	\$ 133,983,481	\$ 109,956,805	\$ 24,026,676	3,330	-10.78%
16138	B/C - Short Term & Residential	\$ 86,788,499	\$ 82,273,211	\$ 4,515,288	152	-13.82%

2020

SID	Account Name	Appropriation	Actual	(+) Lapse or (-) Deficit	Caseload	% Change from Previous Year
16132	B/C - Adoption	\$ 102,758,733	\$ 102,058,951	\$ 699,782	10,284	2.48%
16135	B/C - Foster	\$ 138,421,712	\$ 136,698,353	\$ 1,723,359	3,689	-5.67%
16138	B/C - Short Term & Residential	\$ 89,278,419	\$ 86,880,334	\$ 2,398,085	173	-12.14%

2019

SID	Account Name	Appropriation	Actual	(+) Lapse or (-) Deficit	Caseload	% Change from Previous Year
16132	B/C - Adoption	\$ 98,985,921	\$ 98,983,507	\$ 2,414	7,909	2.41%
16135	B/C - Foster	\$ 141,429,814	\$ 141,350,920	\$ 78,894	3,898	3.87%
16138	B/C - Short Term & Residential	\$ 85,864,133	\$ 85,860,702	\$ 3,431	194	-19.59%

2018

SID	Account Name	Appropriation	Actual	(+) Lapse or (-) Deficit	Caseload
16132	B/C - Adoption	\$ 97,105,408	\$ 97,096,102	\$ 9,306	7,718
16135	B/C - Foster	\$ 136,015,538	\$ 135,911,633	\$ 103,905	3,747
16138	B/C - Short Term & Residential	\$ 92,819,051	\$ 92,718,837	\$ 100,214	232

Question #3:

Which services, under each of 6 accounts, might be reduced or eliminated under the funding adjustment for direct service contracts' trends (a reduction of approximately \$3.3 million in FY 24 and FY 25). Which nonprofits, in which municipalities, might be impacted by these service reductions/eliminations?

Service	SID	Annual Funding	SFY22 Utilization	Proposed Reduction	Reduction
MST: Building Stronger Families	16116	\$220,749	56%	25%	(\$220,749)
	16141	\$3,142,465			(\$620,055)
MST: Emerging Adults	16141	\$1,085,302	53%	25%	(\$271,326)
MST: Intimate Partner Violence	16097	\$480,978	48%	30%	(\$144,293)
MST: Problem Sexual Behavior	16141	\$1,930,547	57%	25%	(\$482,637)
Reunification and Therapeutic Family Time	16064	\$1,052,641	64%	25%	(\$1,052,641)
Reunification and Therapeutic Family Time	16111	\$165,987			(\$165,987)
Reunification and Therapeutic Family Time	16135	\$4,662,718			(\$251,709)
Sibling Connections	16135	\$126,161	0%	100%	(\$126,161)

a. Which nonprofits, in which municipalities, might be impacted by these service reductions/eliminations?

DCF has not yet determined how reductions to these six service types will be implemented, but it is anticipated that such reductions will be needs based to ensure that services remain available to children and families in the areas they are needed.

Question #4:

Please provide information on how unbudgeted Other Expenses account costs of approximately \$2 million in FY 23 will be addressed in FY 24 and FY 25 with inflation funding of \$101,333 in both fiscal years (this is an increase of less than 0.4% of FY 23 available funding).

The currently projected shortfall in SFY 2023 is partially driven by delays in hiring IT staff, causing an increase in temporary hires off the state consultant contract (which is funded through Other Expenses, rather than Personal Services). This practice is expected to be minimized in SFY 2024 with the centralization of IT into DAS BITS and a more streamlined hiring process. The Department also anticipates a reduced software license cost beginning in SFY 2024.

It is unknown at this time what other factors may ultimately impact OE in SFY 2024, therefore the Department will work to address any increases in inflationary factors through other streamlining initiatives.

Question #5:

Please provide a list of the ARPA-funded projects that were authorized in the FY 22 and FY 23 Biennial Budget and the FY 23 Revised Budget, indicating if these projects are currently implemented, partially implemented, or have not been implemented to date.

Initiative	Description	SFY22 Funding	SFY23 Funding	SFY24 Funding	Status
Child First Expansions	Bridge lost funding for certain Child First grantees that resulted from a recent OEC re-procurement, and to expand capacity in higher need locations / Doubled DCF capacity from 600 families annually to 1200 families annually / Total of 14 providers, statewide coverage	\$5,100,000	\$5,100,000		FULLY IMPLEMENTED
Intensive Transition Care Management	Care coordinators to facilitate safe and timely discharges from emergency departments, hospital inpatient and psychiatric residential treatment facility levels of care / Total of 6 programs, statewide coverage	\$2,000,000			FULLY IMPLEMENTED
Mobile Crisis 24/7	Increase Emergency Mobile Psychiatric Services to 24/7 coverage / Total of 6 programs, statewide coverage	\$2,000,000	\$8,600,000	\$8,600,000	FULLY IMPLEMENTED
Urban Trauma Initiative	Clinical Interventions to address trauma experienced by youth residing in urban communities / Total of 8 programs in CT's 4 urban areas (Hartford, Waterbury, New Haven, Bridgeport)	\$2,000,000			FULLY IMPLEMENTED
Racial Justice Provider Institute	Expands provider analysis of data re: utilization and outcomes in the area of behavioral health services as it relates to racial equity and justice with the aim of improving provider specific program performance.	\$500,000			Mostly Implemented
Urgent Crisis Center	Create 23-hour crisis center to mitigate emergency department visits for children in behavioral health crisis / Total of 4 programs	\$4,000,000	\$21,000,000		Mostly Implemented
Sub-Acute Crisis Stabilization	Create short-term, congregate programming, designed as a step down to the Urgent Crisis Center, or a short-term alternative to longer congregate programs, with focus on behavioral health needs and transition planning and resourcing upon release / Total of 4 programs (1 funded with state appropriations)				Partially Implemented
Social Determinants of MH	Provision of mental health services to children for which a social determinant is identified causing their inability to access the service / Total of 1 administrative service evaluating requests and authorizing payment for services		\$1,000,000	\$1,000,000	Mostly Implemented
Family Assistance Grants	Assistance to families with costs of obtaining prescribed drugs & treatment for children with behavioral health needs when no other insurance options are available / Total of 1 administrative service evaluating requests and authorizing payment for services		\$1,000,000		Mostly Implemented
Access MH Expansion	Expansion of the Access Mental Health program to include coordination of referral to 3 follow-up telehealth visits upon prescription of medications to mitigate behavioral health issues and short-term case management coordination services / Total of 1 administrative service evaluating requests and authorizing payment for services		\$990,000		Mostly Implemented

Peer-to-Peer Care Coordination (DMHAS)	Expansion of the peer-to-peer services to children with behavioral health concerns / Total of 1 administrative service evaluating requests and authorizing payment for services		\$500,000		Partially Implemented
Resource Guide Development & Translation	Design of pamphlets on pediatric behavioral health service availability in multiple languages, available to first responders for dissemination / 1 organization facilitating the design and issuance of fact sheets		\$50,000		FULLY IMPLEMENTED
Peer-to-Peer Training Program	Development of and training on a statewide peer-to-peer mental health support program for students in grades 6-12 / 1 organization to design the program and disseminate to local school districts		\$150,000		FULLY IMPLEMENTED
Respite to Non-DCF Families	One time assistance to families experiencing child behavioral health challenges. Designed to offer in-home temporary respite for caregivers / Total of 9 providers funded to administer funding and coordinate provision of services		\$85,000		FULLY IMPLEMENTED
Waterbury Seed Funds (DSS)	Fund implementation of an Intensive Outpatient Program in Waterbury / 1 provider / for one year only		\$650,000		FULLY IMPLEMENTED
Homeless Youth Transitional Housing (DOH)	Support a statewide scattered-site transitional living program for young adults		\$1,000,000		FULLY IMPLEMENTED
Fostering Community	Support for an educational on-line database portal of trainings and articles for foster parents to access	\$10,000	\$10,000		COMPLETE
Casa Boricua	Support case management assistance with public benefits determinations and referrals to health services	\$50,000	\$50,000		Not Implemented *
Children in Placement	Support for safe homes, supportive services and stable transition into adulthood		\$25,000		COMPLETE
Valley Save our Youth	Support case management assistance with public benefits determinations and referrals to health services		\$70,000		Not Implemented *
Girls for Technology	Support enrichment opportunities in science, technology, engineering and math to adolescent girls		\$100,000		COMPLETE
R-Kids	Support case management assistance with public benefits determinations and referrals to health services		\$100,000		Not Implemented *

** Status of "Not Implemented" is due to failure of the identified agency to respond to DCF requests for information and documentation required by federal ARPA regulations prior to dissemination of funding. DCF continues to attempt to contact these agencies to assist with obtaining this documentation.*

a. Please provide a status update on the expansion of Pediatric Mobile Crisis Intervention Services supported with ARPA dollars.

On January 1, 2023, DCF's six Mobile Crisis Intervention providers began responding during the hours of 10:00 PM-6:00 AM (Monday-Friday) and 10:00 PM-1:00 PM (Saturday/Sunday). Between January 1st and February 28th (last reporting period), there have been 139 Mobile Crisis episodes during these hours, with the Hartford (35) and Central (28) regions seeing the highest episode volume, and the Southwestern region (13) seeing the least:

Region	Number of Episodes During New Hours
Central	28
Eastern	18
Hartford	35
New Haven	21
Southwestern	13
Western	24
Total	139

The largest portion of episodes during the new hours are occurring between 10:00 PM - 1:00 AM throughout the entire week, as well as 10:00 AM - 1:00 PM on weekends, with the hours between Friday night and Sunday afternoon seeing more episodes than the weekday overnight hours.

b. Where applicable, indicate how ARPA-funded projects will be funded under the General Fund in FY 24 and FY 25.

Funding in the amount of \$8.6 million is provided in SFY 2025 of the Governor's proposed biennial budget to continue the expansion of 24/7 provision of mobile crisis intervention services. Continuation of additional ARPA-funded initiatives is a policy decision to be addressed by the Governor and Legislature as part of a future budget.

Question #6:

Please provide a break-out of the types of foster care placements, a summary of each, and the average monthly subsidy by foster placement type in FY 23.

Types of Foster Care Placements:

FOSTER CARE	Core foster care refers to any foster care placement where there is no prior relationship between the child and the foster parent.
KIN/RELATIVE PLACEMENTS	Relative Care is a term used when a child is placed with a person to whom they are related by blood or affinity (kin) within the third degree.
MEDICALLY COMPLEX PLACEMENTS	A family-based service delivery approach that provides individualized treatment for children and their families. Treatment is focused on both medical and emotional/behavioral issues that prevent the child from participating fully in family and community life.
FUNCTIONAL FAMILY THERAPY - FOSTER CARE (FFT-FC)	Functional Family Therapy- Foster Care (FFT FC) is an evidenced based in-home clinical intervention with a relational focus on the family unit for DCF-involved children receiving clinical treatment within a Therapeutic Foster Care setting. In addition to clinical treatment, FFT FC also offers corresponding case management services. Birth Families and Foster Families are the primary unit of intervention. FFT FC is built on the core FFT FC model; it is completed once with the foster family and again with the birth family when the youth is reunified. The Contractor and Foster Parents will receive initial training on the FFT FC Model from FFT FC Partners. Upon completion of initial training both the Contractor and Foster Parents will receive ongoing clinical consultation and booster training for the first three years of implementation.

Subsidy Table:

PLACEMENT	PLACEMENT TYPE	DAILY RATE	MONTHLY RATE * (if placement is full month)	PAYEE
Core	Age 0-5 Foster Care	\$25.99	\$790.53	Foster Parent
Core	Age 6-11 Foster Care	\$26.29	\$799.65	Foster Parent
Core	Age 12-18 Foster Care	\$28.52	\$867.48	Foster Parent
Relative/Kin	Relative Care (age 0-5)	\$25.99	\$790.53	Foster Parent
Relative/Kin	Relative Care (age 6-11)	\$26.29	\$799.65	Foster Parent
Relative/Kin	Relative Care (age 12-18)	\$28.52	\$867.48	Foster Parent
FFT-FC	FFT FC	\$55.55	\$1,689.65	Foster Parent
FFT-FC	TFC Case Management Admin	\$17.74	\$539.59	Child Placement Agency
FFT-FC	FFT-FC Minor Parent and Child (age 0-5)	\$81.54	\$2,480.18	Foster Parent
FFT-FC	FFT-FC Minor Parent and Child (age 6-11)	\$81.84	\$2,480.18	Foster Parent
FFT-FC	TFC Minor Parent and Child (age 0-5)	\$81.54	\$2,480.18	Foster Parent
FFT-FC	TFC Minor Parent and Child (age 6-11)	\$81.84	\$2,480.18	Foster Parent

FFT-FC	Non-Clinical CPA Provider Payment	\$17.74	\$539.59	Child Placement Agency
FFT-FC	Non-Clin CPA Foster Home (age 0-5)	\$25.99	\$790.53	Foster Parent
FFT-FC	Non-Clin CPA Foster Home (age 6-11)	\$26.29	\$799.65	Foster Parent
FFT-FC	Non-Clin CPA Foster Home (age 12-17)	\$28.52	\$867.48	Foster Parent
FFT-FC	Non-Clin CPA Foster Home (over 17)	\$28.52	\$867.48	Foster Parent
FFT-FC	TFC Medical Complex Admin	\$55.33	\$1,682.95	Child Placement Agency
FFT-FC	TFC Medical Complex Level 1	\$30.00	\$912.50	Foster Parent
FFT-FC	TFC Medical Complex Level 2	\$40.00	\$1,216.67	Foster Parent
FFT-FC	TFC Medical Complex Level 3	\$55.55	\$1,689.65	Foster Parent
FFT-FC	TFC Medical Complex Level 4	\$82.00	\$2,494.17	Foster Parent
FFT-FC	FFT-FC Family Community Ties CPA FH	\$82.00	\$2,494.17	Foster Parent
FFT-FC	CPS Child Foster Care	\$82.00	\$2,494.17	Foster Parent

** Monthly rate is an average estimation only. DCF pays for each day of a placement. DCF does not promulgate a 'monthly' stipend rate.*

a. How much funding in each fiscal year of the biennium supports foster family subsidies and how much is provided for support services, by service type?

DCF does not budget a specific amount for subsidies. The Board and Care for Children- Foster account (SID 16135) provides for the subsidy payments that are required based on DCF's children in placement caseload trends, which vary from year to year.

Funding to support foster family stipends in SFY 2022 was \$61,398,436 and funding for support services was \$26,032,206. Contractual services made up the remainder of the expenditures in this account in the amount of \$30,214,062.

Question #7:

How many foster children experienced placement disruption(s) over the past 5 fiscal years?

State Fiscal Year	Placement Stability Rate
2019	3.77
2020	3.34
2021	3.43
2022	4.1

** DCF is required to report this data to the federal Administration for Children and Families through Child and Family Service Reviews (CFSRs), Permanency Outcome #1, which requires that children have permanency and stability in their living situations. This indicator measures whether children who are removed from their homes experience stability in their placement setting while they are in foster care. The measurement is the rate of placement moves per 1,000 days of foster care for all children who enter foster care in a 12-month period.*

The federal national average Placement Stability rate is 4.48.

Please see Question 7 Attachment for a fact sheet on Placement Stability Rate data.

The current point in time (on March 3, 2023) average # of placements for children currently in care is 2.6.

*** Note:** DCF has seen an almost 25% reduction of children in care since 2019. With this reduction, the acuity of the children coming into care is much higher, resulting in more frequent disruptions.

Question #8:

Please provide information on how the average length of stay in a congregate care placement has changed over the past 5 fiscal years.

	LOS Residential Tx Center	LOS Therapeutic Group Homes
SFY22	29.5 months	17.3 months
SFY21	22.4 months	16.9 months
SFY20	13.7 months	14.9 months
SFY19	11.6 months	19.1 months
SFY18	11.3 months	13.6 months

Based on DCF's permanency efforts and prevention work, we have seen a steady decline of congregate care placement over the past 5 years (48% since 2018, see data under Question 2). DCF has also realized a decline of children entering foster care during this same period (25% since 2018, see data under Question 2), with the total current number of children in congregate care representing just 6% of DCF's current placements. Because of this, the children entering congregate care have a much higher acuity rate and more severe behavioral health needs than those served historically. This has resulted in the demonstrated increase in length of stay.

a. What are the benefits to shortened lengths of stay in congregate care?

One of the Department's core values is that all children should grow up in families whenever possible. Congregate care settings should be utilized for short term treatment with a focus on family engagement and inclusion and children should transition to a family setting as soon as possible. Overall, research indicates that youth who experience long-term congregate group placements:

- Have higher re-entry rates after exiting to reunification than youth in other types of out-of-home care settings.
- Are 2.5 times more likely than their peers in foster care to become delinquent.
- Have poorer educational outcomes than youth in family foster care, including lower test scores in basic English and math.
- Are less likely to graduate high school, when compared to youth in family foster care.
- Are at risk of physical abuse when they are placed in group settings.
- Are less likely to achieve permanency than those raised in non-relative foster families.
- Lack opportunities to develop critical life skills and positive relationships.
- Experience group or institutional placements as prison-like, punitive and traumatic.

Question #9

How does the Bureau of Strategic Planning implement Quality Assurance protocols across 14 area offices?

a. What are current Quality Assurance protocols?

i. How did these protocols change following the death of six infants/toddlers from fentanyl in 2021, the death of baby Kaylee and Baby P., and the near fatalities of baby Dylan and Baby B.?

Please see Question 9 Attachment - DCF Quality Assurance Protocol Overview.

Question #10:

How will the consolidation of the Middletown office into the Meriden office impact the children and families in the Middletown area? Please provide the analysis that led to the consolidation.

DCF began by evaluating Area Office proximity and geographical service areas, overlaid with the Area Office's currently operating on a month-to-month lease with no release penalties. This narrowed the pool of available consolidation offices significantly. From this pool, DCF evaluated the size of the Area Office (geographic, staff and client) to settle on leveraging the Meriden Area Office building to also house Middletown Area Office staff.

DCF mindfully establishes its case practice to meet families where they are mainly in community settings and in their homes, and to attempt to ensure that children are kept in their natural community environments whenever possible. The components of a DCF case that require in-office presence have traditionally been supervised visitations, Considered Removals (CR) and Administrative Case Reviews (ACR). With the implementation of the Quality Parenting Center model, DCF is moving away from conducting supervised visitations in its Offices, opting for a more home-like setting that allows for normal daily parental activities to occur with the child. Similarly, to increase engagement of parents and kin in the CR and ACR process, DCF has purposely moved to offering virtual CRs and ACRs. These efforts have significantly reduced the footprint of children and families in DCF offices.

The distance between the Middletown Area Office and the Meriden Area Office is 11 miles (18-minute travel time) and DCF has successfully worked with other state and local agencies to negotiate an added bus stop at the Meriden Area Office (ensuring that the Middletown and Meriden bus lines travel to the Meriden Office location. Additionally, with the implementation of the DCF Central Transportation Unit (located in Middletown), transport is easily available to any family in need of attending an on-site meeting in Meriden.

Finally, with the promulgation of state employee telework opportunities, DCF staff travel to their in-person, in-home and/or community visits with children and families, primarily from their initial log-on site (home), which allows increased mobility in the community.

Question #11:

Of the 324 full-time position vacancies as of 3/1/23, how many of these vacancies are at Solnit South and how many are at Solnit North.

Agency Vacancies:

Total Agency Part Time Vacancies	54
Total Agency Full Time Vacancies	310
Total Vacancies	364

* Note: These figures include 40 additional position vacancies recently approved to address the staffing concerns at the Solnit Hospital and are in addition to the 324 vacancies identified previously.

Solnit Hospital & PRTF Vacancies:

	Total # Vacancies	# Nursing Title Vacancies	# Part- Time Vacancies	# Full- Time Vacancies
Solnit Hospital	104	65	30	74
Solnit North PRTF	26	9	15	11
Solnit South PRTF	16	5	3	13
	146	79	48	98

Question #12:

Please provide a break-out of state employees' functions under DCF.

Please see Question 12 Attachment - DCF Staff Functions.

Question #13

Please provide the funding authorized in Current Services and then eliminated in Policy Revisions for Single Cost Accounting System (SCAS) room and board rate increases for Private Residential Treatment Facilities. (These rate increases have been suspended in every biennial budget since FY 04.)

The amount of funding that was authorized in the baseline budget and then removed for Single Cost Accounting System (SCAS) room and board rate increases for Private Residential Treatment Facilities was \$734,531 in SFY 2024 and \$1,146,281 in SFY 2025.

a. How much funding for SCAS special education rate increases remains for the No Nexus Special Education account?

The amount remaining for SCAS special education rate increases is \$66,948 in SFY 2024 and \$135,570 in SFY 2025.

Question #14:

The Connecticut Youth Services Association is requesting additional support of \$60,000 per Youth Service Bureau (YSB) per fiscal year, or a total of \$6.18 million for all 103 YSBs in both years of the biennium. Funding would increase staffing to support mental health, case management, and/or program services based on the needs of each community. Does DCF concur with the need for this additional funding in FY 24 and FY 25 for YSBs? Why, or why not?

The Governor's budget supports the services currently provided by the 103 Youth Service Bureaus funded by DCF. Additional service expectations would require additional funding allocations, distributed per C.G.S. 10-19(m) through 10-19(r).

Question #15:

Is additional funding for Juvenile Review Boards needed? Why, or why not?

The Governor's budget supports the services currently provided by the Juvenile Review Boards funded by DCF. Additional service expectations would require additional funding allocations.

Question #16:

How much annualized funding for Family First Prevention Services Act programs is included in the budget for FY 24 and FY 25?

The SFY 2023 midterm budget appropriated \$1,132,500, annualized at \$1,510,000 in future years, for expansion of Family First Prevention services. The Governor's proposed SFY 2024 budget provides \$377,500 in the Community Kidcare (16141) account to reflect full year implementation.

	FY 2024	FY 2025
Enhance Prevention Services and Community Care Coordination		
Existing funds appropriated in PA 22-118 for expansion of Family First Prevention Services	\$ 1,132,500	\$ 1,132,500
Annualize Cost of Family First Prevention Services Act Programs		
16141 - Community Kidcare	\$ 377,500	\$ 377,500
Total Appropriation	\$ 1,510,000	\$ 1,510,000
Title IV-E Revenue Estimate	\$ 1,713,762	\$ 2,036,662
Net Revenue	\$ 203,762	\$ 526,662

a. How much Title IV-E funding is anticipated to be received by the State, starting in which fiscal year?

The Family First Prevention services initiative is anticipated to generate new revenue to the state in the amount of \$1,713,762 in SFY 2024 and \$2,036,662 in SFY 2025. In SFY 2022, Connecticut received \$102,857,729 in traditional Title IV-E reimbursement for in-care based expenses.

b. How is the increase in prevention funding impacting direct service utilization rates?

The additional \$1,510,000 will expand DCF's service array as follows:

Service Type	New Slots
Functional Family Therapy	24
Multisystemic Therapy	100
Brief Strategic Family Therapy	24
Parent Child Interaction Therapy	240
Total New Service Slots	388

Question #17:

Please provide the waitlists for all 330 DCF programs operated by 100 private providers, as well as the waitlist for those DCF programs funded by Medicaid under DSS.

Due to the nature of the services provided by DCF's contracted service array, and the acuity of need of DCF's children and families, many of DCF's contracted services do not utilize a waitlist process, as the child/family cannot wait for service. In cases where a service is not available for a referred family, DCF CPS staff will identify alternative service modalities to meet the identified need immediately.

Waitlist Summary:

	# Services	# Programs <i>(multiple p/Service)</i>
Unknown	4	9
Non-Direct Service	7	10
Use Waitlist	36	202
<i>Current Waitlist</i>	<i>12</i>	<i>89*</i>
<i>No Current Waitlist</i>	<i>24</i>	<i>113</i>
Waitlists Not Utilized	30	116

* 89 programs are operated in the 12 service types that currently have waitlists. Of those 89 programs, only 60 (67%) have a waitlist.

Service Types w/ Some or All Programs Reporting Waitlists:

Service Type
Caregiver Support Team -Kinship Navigation (C-KIN)
Community Support for Families
Early Childhood Services (Child First)
Extended Day Treatment
Fatherhood Engagement Services
Functional Family Therapy
Functional Family Therapy - Foster Care
Intensive Family Preservation
Intimate Partner Violence (IPV)
Quality Parenting Center
Supportive Housing for Families
Survivor Care

Please see Question 17 Attachment - Contracted Service Medicaid Income & Waitlist for specific information on Waitlists and Medicaid Billing for DCF contracted programs.

a. What performance measures are being utilized, by program type, to assess program performance?

i. Which performance trends are being impacted by family poverty?

Please see Question 17a Attachment - Performance Outcome Measure Overview for individual service measures.

Each of DCF's approximately 80 service types contains an individual set of Performance Measures, specified to the intended outcomes of the service. DCF has currently established a Service Outcome Advisory Committee to review each service types current Performance Measures and metrics to develop and revise them where necessary to ensure that each is reflective of the most current expectations for the service type.

Many Performance Measures can be impacted by family poverty. A family's engagement level in a service is impacted by their financial hardships. DCF does not specifically quantify areas in which family poverty impacts performance trends but seeks to mitigate such hardships where possible to ensure full engagement of the family in service.

b. Are private provider staff reimbursement rates established in DCF's contracts?

No. DCF contracted providers are required to submit an annual budget for each program they operate. Those budgets require identification of salary and fringe costs for each employee allocated to each program. But DCF contracts do not mandate a specific salary range for private provider staff.

Question #18:

How much funding, under which accounts, is provided in FY 24 and FY 25 to prevent child/youth sex trafficking, and how much is provided in FY 24 and FY 25 to support survivors.

In Kind Services: 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.

DCF Funded Services: 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 \$380,405 annually, which funds 30 Rapid Responses and up to 25 Long-term Survivor Care (support) slots.

Expense/Contractor	Fund	Account	Anticipated SFY 2024 Funding/Cost	Anticipated SFY 2025 Funding/Cost
DCF Staff	11000	10010 (Personal Services)	\$142,014	\$145,564
Love 146, Inc.	11000	16135 (Board & Care/Foster)	\$380,405	\$380,405
		TOTAL	\$522,419	\$525,969

Question #19:

How are homeless youth supported in the Governor's Budget in FY 24 and FY 25?

Service Type	Annual Capacity	SID	Contracted Amount
Supportive Housing for Families (SHF)	500	16102	\$14,680,454
Subsidized Housing Certificates	n/a	16102	\$5,950,000
Supportive Housing for Families - Next Steps	25	16102	\$175,000
Total Support:			\$20,805,454

Supportive Housing for Families (SHF) is a component of the START program. The START program provides an array of services for youths ages 16-23 who are homeless or at risk of homelessness. Services include outreach and survival support for homeless youth or youth who have unstable housing.

Subsidized Housing Certificates are utilized for rental assistance payments. These certificates provide families who are involved with the child welfare system with affordable and appropriate housing in a safe and supportive environment.

Supportive Housing for Families- Next Steps is a service that provides case management to approximately 25 individuals in DCF's care who participate in the DMHAS/CHFA supportive housing program.

Question #20:

How are adults (individuals 18 years of age and older) supported in the Governor's Budget in FY 24 and FY 25?

Funding for individuals 18 years of age or older is provided as part of the Board and Care for Children-Foster (SID 16135) account of the Governor's budget. These placements are referred to as the DCF Services Post Majority (SPM) population. Amounts that support these individuals are not broken out by line item, they are included in the total funding for that SID and fluctuate from year to year based on each individual participant's specified needs. As of 2/28/2023, DCF maintains services for 273 active individuals in a Service Post Majority Placement. Approximate expenditures per individual is \$12,312 per year. Total projected expenditures for SFY 2023 for SPM is \$7,244,386.

**Note: Participation in an SPM Placement is voluntary on the part of the young adult. DCF estimates an approximately 40% participation rate in SPM.*

a. Please provide age-out funding amounts, by account, for FY 24 and FY 25.

See above.