

2013 Program Report Card: Child Protection and Foster Care, Department of Children and Families,

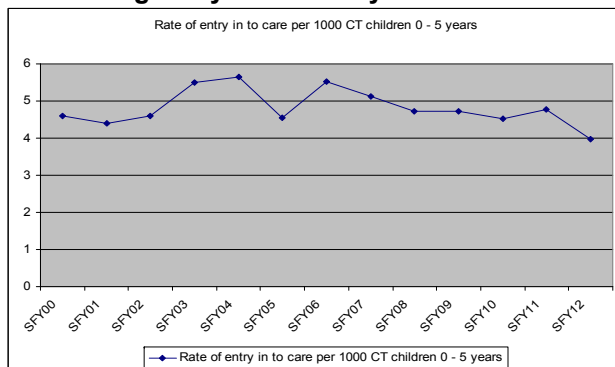
Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: In partnership with families and communities, the Department of Children and Families will advance the health, safety and learning of all children we serve, identify and support their special talents, provide opportunities for them to give back to their communities, and leave the Department with an enduring connection to a family. This includes implementing a differential response system, supporting families through respectful family engagement, returning children from costly congregate placements and preventing many out-of state residential placements as well, by using cost savings to build a regional network of effective, family-focused and community-based services and supports.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	DCF is currently unable to provide this information because this effort spans multiple employee disciplines within DCF, and also includes multiple contracted and per diem services which are not funded based solely on the age of referred children.			
Estimated SFY 13				

Partners: Parents, Community Providers, Other state agencies, parent support and advocacy agencies

How Much Did We Do? Entry into Care: Incidence Rate of Entry - Children age <5 years at entry



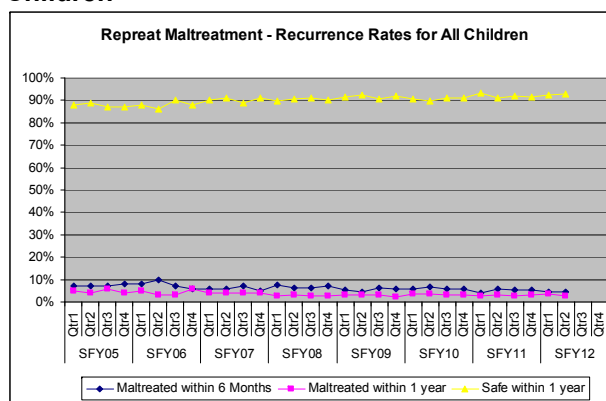
Story behind the baseline:

This graph shows the incidence rate of entry into care for children 0 to 5. This is important as a safe and permanent family is the best place for children to grow up. CPS should only intervene when parents request help or are unable to meet their children's basic needs. CPS should focus on family strengths, providing parents with the assistance needed to keep children safe and families together. Further, reducing entry into care ensures that out-of-home care resources can be used for children who cannot safely remain at home.

Trend: ▲

How Well Did We Do It?

Repeat Maltreatment - Recurrence Rates for Children



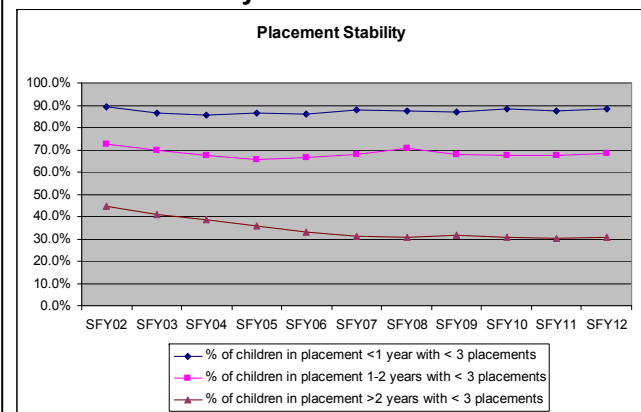
Story behind the baseline:

This table depicts the rate of maltreatment for children involved in an active protective services case. The rate of repeat maltreatment is a widely-used indicator of quality of child welfare practice. Not only is the rate of repeat maltreatment extremely low in Connecticut, the rate of abuse across the overall population in Connecticut is extremely low when compared with rates for neglect. This understanding has caused DCF to examine where, and for what, treatment dollars are currently targeted, and where they can best be used.

Trend: ▲

How Well Did We Do It?

Placement Stability



Story behind the baseline:

This table depicts the percentage of children birth to five experiencing three or fewer placements in foster care across three ribbons of time, depending how long they remain in care. Young children require stable, nurturing environments that assure their health, safety and permanent attachments in order to reach their full developmental potential and be ready for school. Children placed in relative care are likely to have fewer placements and greater stability.

Trend: ◀▶

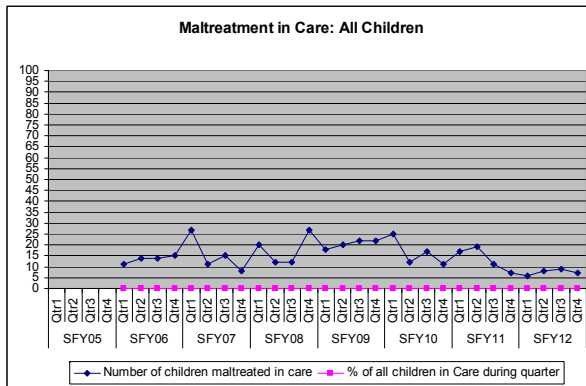
Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

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Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

How Well Did We Do It?

Maltreatment in Care



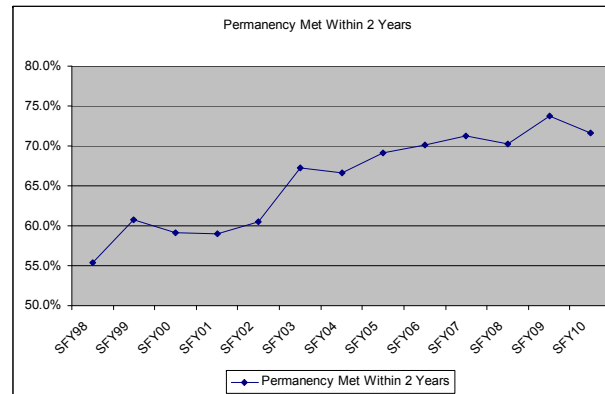
Story behind the baseline:

The graph above depicts the incidents of maltreatment against a child in DCF's care by a substitute caregiver (i.e. an individual or individuals within DCF's foster care system, including its employees). Although the graph suggests a consistently low number and rate of maltreatment in care, the ultimate aim of our work is to eliminate maltreatment of children altogether.

Trend: ▲

Is Anyone Better Off?

Permanency in Two Years - Children Aged 0-5 at Entry



Story behind the baseline: This chart shows permanency, within two years, for children age 0-5. Permanency is a stable, healthy, culturally appropriate, and lasting living situation with at least one committed adult. It also involves reliable, continuous, and healthy connections with siblings, birth parents, extended family, and a network of other significant adults identified by the child and the family. Research has shown us that children grow up best in nurturing, stable families. Timely permanency for all children and youth in care is a central outcome measure in child welfare.

Trend: ▲

Proposed Actions to Turn the Curve:

DCF's strategic plan, developed in accordance with the CTKids Report Card, has nine strategies. Five of those strategies are directly related to improving outcomes for young children and their families. Specifically: investing in prevention, health promotion, early intervention, and educational success; applying strengths based, family focused policy, practice and programs; congregate right-sizing and redesign; developing and investing in regional networks of in-home and community-based services; and focusing on identified populations of children and families-including young children; are all strategies that are designed to improve outcomes for children and families. Examples of DCF's implementation of these strategies includes launching Connecticut's Differential Response System - Family Assessment Response (FAR), including establishing six community partner agencies that work with FAR families; establishing relative placements as the presumptive first placement for all children; ending the use of congregate care for children under six years old; establishing a unit to focus on the work of congregate care facilities; and increasing support to relative families and core foster families.

Data Development Agenda:

DCF will utilize information gained from the Performance Improvement Center for our Family Assessment Response system to understand service needs and what works to improve outcomes for families referred to FAR. Additionally, DCF staff are working to better understand the intergenerational dynamics and service needs of those families with multigenerational system involvement. Additionally, DCF recognizes, and is addressing, the great need for real time data exchange with other state agencies that provide parental supports, on both the basic needs and clinical level.