Revised

Healthy, Safe, Smart, and Strong

The 2012-2015 Strategic Framework for the Connecticut Department of Children and Families: Parts I and II

A renewed vision for DCF children, families
And the people who serve them

December, 2012 (Revised April 2013)

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Message from the Commissioner

All children in our care and custody healthy, safe, smart and strong… It is a vision that both is eloquent in its simplicity and enormously complex to achieve. It *is, however,* achievable over time. Not by the Connecticut Department of Children and Families acting on its own, but acting in partnership with families who seek or need assistance, with the communities in which they reside, with our state agency partners and the advocates whose insights continue to be invaluable.

We issue this Strategic Plan at the middle point of this administration, after newly two years of a four year term under Connecticut's Governor Dannel Malloy. It has been a period of rapid change as we move *from* an agency focused quite exclusively on safety and placement *to* an agency focused on supporting families in their proper role of raising healthy, safe, smart and strong children. Despite the pace of change and the predictable turbulence as we all learn new roles and create new partnerships, preliminary results confirm that the direction is correct and that we are, as an agency, learning how to make truly transformational change.

This Plan provides a roadmap for the next three years, from July 2012 through June 2015. It is anchored in Connecticut's Results Based Accountability (RBA) framework, and it will enable the Department of Children and Families to contribute to the newly issued CT Kids RBA Report Card that tracks results for *all* of the children in the State of Connecticut. We are fully cognizant that, at any point in time, the Department serves fewer than 5% of the state's youngsters. We are also fully aware, however, that these are the most vulnerable children and youth in Connecticut and that they represent 100% of the youngsters for whom help is sought as the result of abuse and neglect.

Our legislative mandate is large and complex, including the provision of child welfare, children's mental health, substance abuse and juvenile justice services. We also have a significant statutory mandate to advance the prevention of risks to children and the responsibility to promote their health, learning and well-being. We find the literature on the neuroscience of early development compelling, and coupled with our increasing understanding of the long-term, negative impact of early trauma, we have elevated our prevention mandate to be the very first strategy in this Plan.

Because many of the challenges that children experience have to do with the circumstances of their families and their communities, we face some predictable challenges in the delivery of services to them. A recurrent need, documented over the past three decades, concerns access to appropriate interventions for parental substance abuse, domestic violence and mental illness. Another daunting challenge that touches our families is the overwhelmingly negative impact of poverty on family and community well-being. To assure that the families of the children we are charged to serve can receive essential supports and treatment services, we must *and we will* find new and better ways of partnering with the Connecticut Department of Mental Health and Addiction Services, the Department of Social Services, and the Department of Labor to serve families who are already on all of our caseloads.

We are also deeply aware that some of the families we serve have experienced challenges over several generations. These multi-generational, high risk families require a deeper and more sustained engagement across state and communities agencies if we are, as a State, going to promote the health and well-being of children, families and community *and* put an end to the intergenerational flow of families into our service systems.

In addition to our commitment to work better, smarter and stronger with our state agency partners, the Department of Children and Families also understands that our mission of "healthy, safe, smart and strong" must apply equally to our workforce and the workforce of our private provider partners. Therefore, this Plan includes a series of strategies designed to advance improvements in public and private workforce development, public and private management capacity, and a commitment to expanding public and private learning opportunities.

Finally, we fully understand that the resources we will need to build a regional network of effective, family- and community-based services and supports *must come* from within the Department's current operational budget. We have made great progress over the past 22 months in returning children from costly congregate placements and preventing many out-of state residential placements as well. This policy shift, made to better serve children and youth, has also resulted in financial savings. With the support of the Governor's Office of Policy and Management and the Connecticut General Assembly, we have been able to redirect and reinvest some of these resources to support children, youth and families in a family setting and with community services. We expect this period of savings and reinvestment to continue.

In this plan we reference a book written in 2002 by the CEO of IBM, Lou Gerstner. Under his leadership, IBM – then a massive, lumbering mainframe company – was transformed into a fleet of foot, very effective and highly profitable service corporation. In this book, *Who Says Elephants Can't Dance*, Gerstner wrote:

> *"At the end of the day a successful, focused enterprise is one that has developed a deep understanding of its customers' needs, its competitive environment, and its economic realities. This comprehensive analysis must then form the basis for specific strategies that are translated into day-to-day execution."*

We offer the *2012-2015 DCF Strategic Framework* in just this spirit. All of the planning and visioning in the world will not be successful without capable, effective execution. As Commissioner of the Connecticut Department of Children and Families, I am deeply committed – as are the members of our staff and our provider partners – to the continued transformation of DCF into a highly effective organization, while never forgetting that, at the end of each of our days there are real children and families whose health, safety, learning and well-being are dependent in large part upon the work we do and the partnerships we create with them and other responsible members of this community.

Joette Katz, Commissioner
Connecticut Department of Children and Families
December 2012

Part I: Setting the Context

When incoming Governor Dannel Malloy took office in January 2011, he appointed Joette Katz, a Justice of the Connecticut Supreme Court, as the new Commissioner of the Connecticut Department of Children and Families (DCF). She quickly articulated her commitment to promoting the health and well-being of the state's children, building partnerships with communities, and expanding family-centered work across all aspects of this $880,000,000 agency serving some 30,000 to 36,000 children on any given day.

A quick data review revealed many challenges. Far too many youngsters were being served in congregate settings rather than in families, with over 350 placed in residential settings outside of the State of Connecticut. At the same time, the department's use of relative foster families was well below the national average. Significant funding was expended at the "back end" of the DCF service continuum, associated with an overreliance on out-of-home residential services rather than on evidence-based and flexible family and community services that intervene early, promote development and resilience, and provide timely community treatment services.

Three other systemic challenges faced the Department in January of 2011. First, the Department continued its efforts to implement a mandated exit a federal child welfare Performance Improvement Plan developed in 2009[1]. Second, following several years of analysis and the passage in 2007 of Raise the Age legislation, the Department had begun the assimilation of older youth into its juvenile justice system.[2] Finally, the department had been unable to exit its 20-year federal *Juan F.* consent decree governing case planning and service delivery for children in foster care.[3]

The Transformation Begins

Based on this data-driven process, agency leaders reviewed the agency's mission statement, implemented a series of structural changes, and identified a set of cross-cutting themes to guide agency work at all levels and in all contexts. With the reframed mission shown below, the Department has moved from a predominantly safety and placement focus to one anchored in the health and well-being of children, youth and families in our care.

> *In partnership with families and communities, the Department of Children and Families will advance the health, safety and learning of all children in our care and custody, 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.*

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1 This Plan was developed as a response to the findings from the federal Child and Family Services Review (CFSR) conducted by the Children's Bureau, Administration for Children and Families (ACF) during the week of September 21, 2008. The Plan required: (a) Implementation of an agency-wide Practice Model; (b) Improved supervision and management; Improved permanency for youngsters in the case and custody of the Department; (d) Improved training, data capability and court processes related to permanency. As of December 2011, the Department had implemented all of the required action steps in the plan. DCF is currently in the process of conducting case reviews to demonstrate the changes in practice, training and the court process have resulted in better outcomes for children and families.

2 Prior to 2010, Connecticut was one of only three states that prosecuted and sentenced 16 and 17 year-olds as adults. In 2007 Connecticut's General Assembly passed Public Act 07-4 which included the establishment of the Juvenile Jurisdiction Policy and Operations coordinating Council (JJPOCC) to oversee the transition of 16 and 17-year olds from the criminal justice system to the juvenile justice system. From January of 2010 through July of 2012, Connecticut's justice system transitioned 16 and 17 year olds from the criminal system to the juvenile system. This included juvenile court handling of cases and the development of services for both pre-trial and convicted older adolescents.

3 For case documents, see -- www.childrensrights.org/reform-campaigns/legal-cases/connecticut

The "short hand" message of the department's mission statement is -- Healthy, Safe, Smart and Strong -- and it applies to the children and families served by DCF and to professionals who serve them.

Within the first six months of this administration, four structural changes were also implemented. First, a set of siloed program bureaus were eliminated and replaced with two interdisciplinary teams operating within a collaborative team management structure. Second, two independent mental health facilities operated by the department were consolidated as the Albert J. Solnit Children's Center, serving children and youth with complex psychiatric challenges. Third, a sixth region was established to better manage the work of 14 Area Offices and to begin a process of integrating categorical services within a comprehensive regional services framework. Fourth, the agency's training center was expanded to become the DCF Academy for Family and Workforce Knowledge and Development.

Current Organizational Structure

The Central Office for the Connecticut Department of Children and Families is located at 505 Hudson Street in Hartford, Connecticut. The Department operates with six regions[4] and 14 area offices where the delivery of child welfare, mental health and juvenile justice services (including parole) are administered at the local level. The chart below shows the regions and their respective area offices.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Bridgeport Norwalk/ Stamford	Milford New Haven	Middletown Norwich Willimantic	Hartford Manchester	Danbury Torrington Waterbury	Meriden New Britain

The Department of Children and Families also operates three facilities: the Connecticut Juvenile Training School in Middletown and the Albert J. Solnit Children's Center[5] with a South Campus (formerly Riverview Hospital) in Middletown and a North Campus (formerly the Connecticut Children's Place) in East Windsor. In addition, the Department operates the Wilderness School in East Hartland, Connecticut.

The Solnit Center serves children and youth with significant and complex psychiatric challenges. The South Campus includes the JCAHO accredited Riverview Hospital (with 68 beds) and 16 sub-acute Psychiatric Residential Treatment Facility (PRTF) beds for adolescent girls. The North Campus operates four Residential Treatment Cottages serving boys with complex psychiatric challenges. The DCF Unified School District #2 operates a school on both the south and north campuses. The target length of stay in all units of the Solnit Center is a maximum of 120 days.

The Connecticut Juvenile Training School houses 110-140 adolescent boys committed to the Department as delinquent. The Unified School District also operates a school on the premises. The average length of stay at the Connecticut Juvenile Training School is seven months followed by referral either to a congregate setting or back home to the youth's community under parole status.

The Wilderness School is a program of prevention, intervention, and transition for adolescents offering high impact wilderness programs intended to foster positive youth development. Designed as a journey experience, the program is based upon the philosophies of experiential learning and is considered

[4] Go to -- www.ct.gov/dcf. Click on "About U," then on "Regions."
[5] Cite to Riverview Reports 2011-20112

therapeutic for the participant. The Wilderness School base camp is located in East Hartland, Connecticut in the north-central part of the state.

Studies have documented the Wilderness School's impact upon the self esteem, increased locus of control (personal responsibility), and interpersonal skill enhancement of adolescents attending the program. In State Fiscal Year 11-12, 978 students from 70 communities participated, including adolescents being served through the DCF foster family care system, the Solnit Children's Center and the Connecticut Juvenile Training School.

The Wilderness School also provides day-long professional development opportunities for staff from the Department of Children and Families as well as from other public and private agencies. Two sessions of the DCF Leadership Institute were held at the Wilderness School over the past year.

A Diverse Service Population and Workforce

DCF is a multicultural agency, serving children and families from different backgrounds, races, ethnicities, creeds, sexual orientations, gender identities and linguistic ability. Specific to language, some families have limited English proficiency, or English is not their preferred language. In all of its engagements with families and children, the Department strives to act in a respectful, culturally and linguistically appropriate manner.

The diversity of the children and families served brings with it challenges related to issues of racial and health inequity as well as disproportionality within juvenile justice services. Youngsters in the care of the Department also experience educational challenges described in Connecticut as the "achievement gap." In this context, agency policy recognizes the common "social determinants" of these inequities as factors that require strong interagency and state-local partnerships to address.

Social Determinants of Inequality

- Economic security
- Education
- Housing
- Community Safety
- Civic Involvement
- Environmental quality

To advance a higher level of respect for the diversity of our children, families and our workforce, and in acknowledgement of the well-documented disproportionate representation of children of color in child welfare and juvenile justice services nationwide, the Department has launched an agency-wide focus on racial justice and the reduction of health and educational inequities for the youngsters on our caseload. Outside national consultants have been engaged, an analysis of work in other states was conducted,[6] [7] and several Leadership Institute sessions have already been conducted.

This work will continue as a significant focus of the Department over the coming years, with ongoing national technical assistance, the publication of the agency's first Health Equity report,[8] and the development of a Racial Justice work plan directed to identifying areas of policy and practice with the department that contribute to disproportionality, racial/ethnic injustice and poor health outcomes among the children in our care.

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[6] *A Summary of the California Disparities Initiative,* February 2012. Online at -- www.ct.gov/dcf/lib/dcf/continuumofcare/pdf/a_summary_of_the_california_disproportionality_initiative_jmg.pdf

[7] *Working Together for a Healthier Kansas: A Status Report on the Social Determinants of Health in Kansas*, undated. Online at -- www.healthequityks.org/download/DisparitiesReport.pdf

[8] *Healthy, Safe, Smart and Strong: Advancing Health Equity within in the Department of Children and Families*, September 2012. Online at -- www.healthequityks.org/download/DisparitiesReport.pdf

Cross-Cutting Themes

Along with the mission reframing and structural changes, the Commissioner's leadership team articulated six cross-cutting themes designed to assure that the agency's ongoing transformation is consistent across regions, offices and facilities, increase public transparency and accountability, and support both the children in our care and the workforce who served them.

1. *Implementing Strength-Based Family Policy, Practice and Programs*

Supporting families must be at center of all of our work, anchored in respectful family engagement and built upon family strengths and protective factors. This work is guided by the new DCF Strengthening Families Practice Model -- including family engagement, family assessment, purposeful visits and family teaming -- and the new DCF Differential Response System. Both the Practice Model and the new intake and response system are informed by the national Strengthening Families framework articulated by the Center for the Study of Social Policy.[9]

2. *Applying the Neuroscience of Early Childhood and Adolescent Development*

Research in the field of neuroscience, along with the application of a "Life Course" model of development, must inform agency policy, practice and programs. Particularly important is evolving knowledge about the role of toxic stress and adverse childhood experiences on early and later development of cognitive, social, emotional, and physical health as reflected in the Adverse Childhood Experiences (ACE) study.

3. *Expanding Trauma-Informed Practice and Culture*

Large scale population research has shown that the more traumatic experiences a youngster has, the greater the likelihood of impaired development and functioning, during and after the event and long into his or her life. Attention is also required to increase trauma knowledge, skills and behaviors among families, staff within the Department and our provider partners. In addition, there is a need for increased recognition of the impact of trauma on the workforce, called secondary trauma.

4. *Addressing Racial, Health and Educational inequities*

The national literature and Connecticut data reveal that all families and youngsters do not receive the same kinds of engagement with the DCF service system or with other parts of the state's health, human service and judicial systems. Similarly, children, youth and families from certain groups, including by race and economic status, do not achieve the same level of health, safety and well-being as other children and families in Connecticut. Addressing racial, health, and educational inequities must be at the core of every facet of our work.

5. *Building New Community and Agency Partnerships*

The needs of today's vulnerable children and families are complex and sometimes intergenerational in nature. To serve them requires an expanded commitment to partnership with communities and other agencies to develop a collective impact for Connecticut's children and families. In addition to leveraging resources, these partnerships will result in better strategic planning, service development, and communication at the neighborhood and community levels.

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[9] Online at – www.ccsp.org

6. *Improving Leadership, Management, Supervision and Accountability*

The Department is committed to the continued improvement of agency management, along with high levels of transparency and public accountability, including expanded public access to current information about policy, practice and programs and data on our progress and outcomes. We expect DCF leadership staff to serve as public ambassadors for the children and families we serve and to function effectively as managers and supervisors supported by fiscal, human resource and data services that are responsive to area office staff, our clients, and the public.

7. *Becoming a Learning Organization*

A learning organization constantly expands its portfolio of learning opportunities. For the Department, these include continued implementation of internal "communities of practice," formal on-site training, 24-7 online learning modules for staff, families and provider partners, case planning reviews and program assessment. A learning organization also systematically examines challenges, celebrates progress and results, and communicates regularly with its consumers, providers and partners.

Initial Goals: January 2011 through June 2012

The Commissioner quickly identified a set of agency 18-month goals designed to address policy concerns expressed by the Connecticut General Assembly during its 2011 session. These goals were designed to assure that an increasing proportion of youngsters were served in family settings, that the youngest children were returned from congregate settings, and that out-of-state placements were dramatically reduced. In addition, the Commissioner directed that when child welfare placements were required, relatives be considered the presumptive first placement resource.

Two key reports, published as part of the department's new Fostering the Future Series, presented analyses of the current situation in foster family and congregate care and articulated the new direction away from congregate care toward the expansion of family-based foster care:

- *Congregate Care Rightsizing and Redesign: Young Children, Voluntary Placements and a Profile of Therapeutic Group Homes* (July 2011)[10]
- *We All Need Somebody: Supporting Children, Families and the Workforce of Connecticut's Family Foster Care System* (September 2011).[11]

18 Month Results

Data available at the 18-month point in this administration indicate that significant progress has been made on these agency goals. Importantly, a recent study by the federal *Juan F.* Court Monitor in partnership with DCF reveals no significant adverse risks to the youngsters and families involved in the reduction of congregate placements and the return to family settings. Across five core measures of change, results are in the expected and desired direction.

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[10] Online at -- www.ct.gov/dcf/lib/dcf/latestnews/pdf/cc_right_sizing_report__young_children_and_voluntary_placements_8_4_11.pdf

[11] Online at -- www.ct.gov/dcf/lib/dcf/publications/pdf/final_family_foster_report_9_30_11.pdf

Over the first 18 months, the overall number of children in placement has been reduced by 10%, out of state placements by 64%, children ages 12 or younger in congregate placement by 58%, and children younger than six years of age in congregate placements by 90%. In addition, the proportion of all placements made with relative families has increased by 32%. Importantly, data from October 2012 indicate that progress continues. The chart that follows presents baseline data from January 2011 as well as data from July 2012 (18 months) and October 2012 (22 months).

DCF Goals for the First 18 Months	**January 2011 Baseline** # youngsters	**July 2012 Results** # youngsters	**October 2012 Results**	**Change January 2011 -- October 2012**
1. Continue to reduce overall numbers of children in placement	4,784	4,285	4,163	621 fewer children, a 13% reduction
2. Reduce numbers of youngsters in out-of-state residential placement	364	131	99	265 fewer children, a 72% reduction
3. Reduce numbers of children ages 12 and younger in all kinds of congregate settings	201	85	73	128 fewer children, a 63% reduction
4. Eliminate placement of children ages 6 and younger in congregate settings	38	4	7	31 fewer children, an 81% reduction but a slight uptick
5. Increase proportion of placements made to relative foster families.	15.3%	20.2%	20.3%	32% increase

In addition to these performance measures, the Department of Children and Families initiated a series of program changes, enhancements and expansion designed to support the policy shift towards more community investment while assuring that youngsters with complex needs are served appropriately. These program investments are summarized below and reported in greater detail in a recent Continuum of Care Partnership report.[12]

- Statewide Service Needs Assessment
- SFY 2013 Service Reduction: SAFE HOME and Group Home beds
- SFY 2013 Service Enhancements: Family and Community Ties Foster Care Program
- Sustainable Funding for Child FIRST
- Multi-Systemic Therapy - Problem Sexual Behavior Program
- Regional Family Engagement System Coordinators
- Program Redesign Projects Linking Congregate Care and Community Services.

[12] Online at -- www.ct.gov/dcf/lib/dcf/continuumofcare/pdf/strategic_financing_reinvestment_update_for_continuum_of_care_partnership_011012.pdf

The Continuum of Care Partnership

It was immediately clear to all that implementing this policy shift away from congregate to family-based services and support would require a new level of partnership between the public and private sectors. In September 2011, the Department launched the Continuum of Care Partnership with membership from among DCF senior leadership, the Connecticut General Assembly (Senator Beth Bye and Representative Lyle Gibbons) and broad representation from the private sector as shown below:

- Children's League of Connecticut
- Connecticut Association of Nonprofits
- Connecticut Chapter of the American Academy of Pediatrics
- Community Providers Association Connecticut Council of Child and Adolescent Psychiatry
- Connecticut Early Childhood Alliance
- Connecticut Juvenile Justice Alliance
- Connecticut Voices for Children
- FAVOR, Statewide Family Advocacy for Children's Mental Health
- Hartford Foundation for Public Giving.

A Partnership website[13] was developed and all materials, including the specific tasks assigned to the group, are posted and updated. Following a period of intensive work in the fall of 2011, the Partnership presented an initial progress report to the Commissioner. [14] See the chart that follows for the Partnership's agreement on principles.

Principles from the Continuum of Care Partnership to Guide DCF Service Development and Improvement
1. Increased attention to the health, well-being and educational success of all children and youth in the DCF system, based on demonstrable outcomes 2. Increased attention to meeting the needs of younger children so as to reduce the pipeline of middle childhood and adolescent youngsters needing a long-term engagement with DCF 3. Family-based regional and community services as the presumptive service context 4. Expanding the early and proactive use of in-home family and child supports to prevent the need for placement and to promote children's well-being 5. Expanding the use of family foster care, especially relative care, decreasing the use of congregate care settings overall, especially for young children, and systematically returning youngsters from out-of-state placements 6. Increasing the direct participation of youth, parents and family members in the case process from entrance to exit 7. Achieving compliance with case planning and service requirements of the *Juan F* Consent Decree 8. Redesign and realignment of agency resources over time to address changes in agency policy

[13] Online at - www.ct.gov/dcf/cwp/view.asp?a=4159&Q=488020&PM=1

[14] *Guiding Change: The First Year Report of the DCF Continuum of Care Partnership* (draft, October 15, 2012), Online at -- www.ct.gov/dcf/lib/dcf/continuumofcare/pdf/continuum_of_care_partnership_first_year_final_draft_report_9_30_12.pdf

and to improve program results, including reinvestment of resources from congregate care to family-based community services and supports

9. Investment in essential infrastructure, including data systems development and use for strategic planning, communications and accountability, and expanded training partnerships.

A final report including specific recommendations was developed in October 2012.[15] Recommendations were organized into five categories, many of which have been incorporated into this strategic plan.

- Developing a regional network of services and supports -- anchored in prevention, early intervention and brief treatment and sustained supports as needed (See Strategies 1, 2 and 3)
- Fully implementing a family-centered case process (See Strategy 2)
- Expanding and better supporting family foster care (See Strategy 3)
- Improving data development, access and use (Strategies 5 and 6)
- Making financial reinvestments that reflect the agency's focus on family and community support (See Strategies 3 and 7)

Nine Strategies for 2012-2015

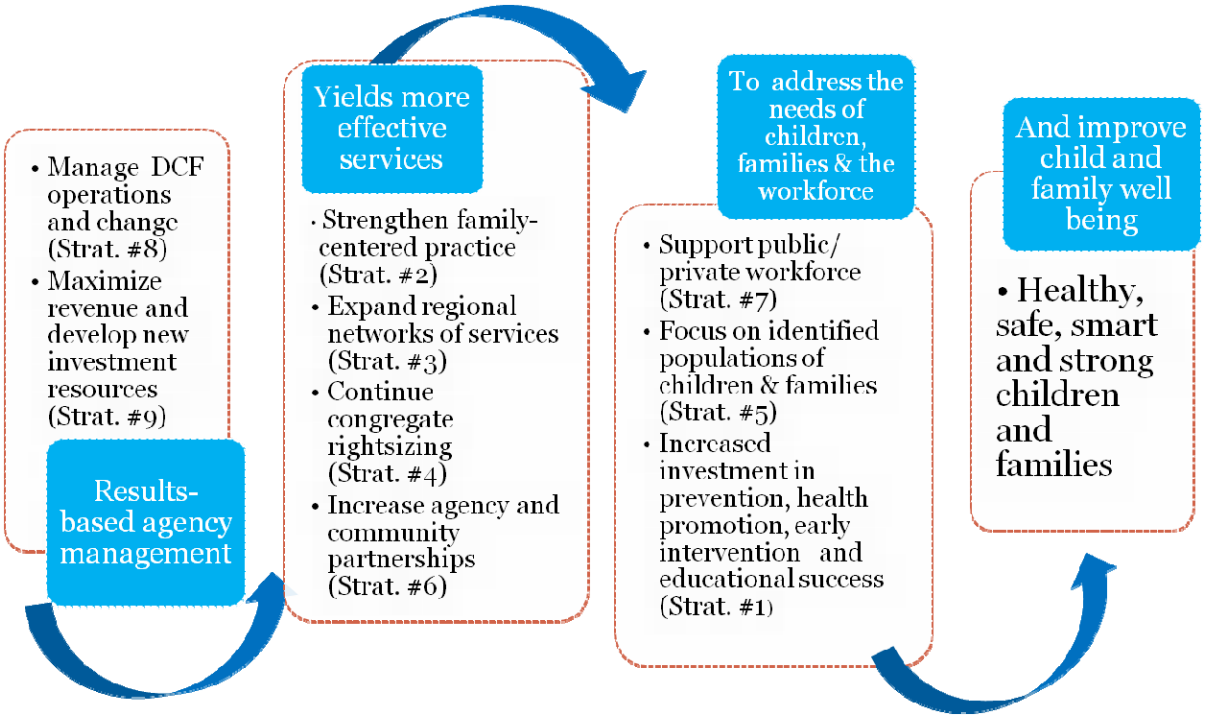
The 2012-2015 DCF Strategic Plan is based on nine strategies, designed to result in a more effective, responsive, culturally competent and comprehensive system of services and supports for the children served directly by the department and those for whom the Department has a statutory mandate but who are served within communities without a DCF case being opened.

2012-2015 DCF Strategies	DCF Cross Cutting Themes
1. Advancing the department's investment in prevention, education and health promotion	Family-centered practice Neuroscience of healthy development Trauma-informed practice Addressing Inequities Community and state partnerships
2. Apply strength-based, family-centered policy, practice and programs agency-wide	Family-centered practice
3. Develop and increasingly invest in regional networks of in-home and community services, including the expansion of foster family care	Family-centered practice Trauma-informed practice Addressing inequities Community and state partnerships
4. Continue congregate care rightsizing and redesign	Family-centered practice Neuroscience of healthy development Trauma-informed practice
5. Address the needs of specific populations and work to resolve inequities	Family-centered practice Trauma-informed practice Neuroscience of healthy development Addressing Inequities

[15] *Guiding Change: The First Year Report of the DCF Continuum of Care Partnership* (draft, October 15, 2012), Online at -- www.ct.gov/dcf/lib/dcf/continuumofcare/pdf/continuum_of_care_partnership_first_year_final_draft_report_9_30_12.pdf

	Community and state partnerships
6. Support collaborative partnerships with communities and other state agencies	Community and state partnerships
7. Support the provider sector through joint training, data sharing and opportunities for expansion and/or redesign of services as appropriate	Leadership, management, supervision and accountability Become a learning organization
8. Increase the operational capacity of the Department to manage effectively both change and ongoing operations	Leadership, management, supervision and accountability Become a learning organization
9. Develop revenue maximization and reinvestment priorities and methods	Leadership, management, supervision and accountability

See below for a schematic of how these strategies advance improved child and family health and well-being can be seen below.



Part II: Anchoring the DCF Strategic Plan in Results Based Accountability

Background Information

The State of Connecticut has been working to bring Results Based Accountability (RBA) to state agencies for nearly a decade. The work began in 2006 with two RBA initiatives, the Connecticut Early Childhood Education Cabinet and a water quality program in the (then) Department of Environmental Protection. From this beginning, the CT General Assembly with support from the Charter Oak Group has been working across state agencies to bring an RBA framework to their budget and policy process.[16]

Results Based Accountability is directed at improving the well-being of the state's children and families while at the same time examining the contribution of specific programs to that population outcome. It focuses state agencies, together with the General Assembly, on improving accountability for resource allocation and use, achieving better results for the state's citizenry, targeting spending to programs that work and identifying way to improve results from under-performing systems.[17]

From the outset, General Assembly and Executive Branch leaders have focused on the use of RBA to describe the status of this State's children ages birth to 18. This fall, the first CT KIDS Report Card was presented.[18] In the spring of 2013, the state's RBA early childhood effort will focus in on children in the first years of life, a period shown by neuroscience research to be the time of most rapid brain growth over a person's entire lifetime. In addition, the William Caspar Graustein Memorial Fund continues to support the development of RBA-based early childhood strategic plans in more than 30 of the state's most vulnerable communities.[19]

CTKids Report Card

The Connecticut General Assembly's Select Committee on Children has established an RBA report card on the state of Connecticut's children as required by Public Act 11-109.[20] The report card is designed to track how Connecticut's children are doing and to identify ways to achieve better outcomes. The result defined by CTKids Report Card is for ***Connecticut children to grow up stable, safe, healthy, and ready to lead successful lives***. Ultimately, the goal is for the CTKids Report Card to become a guide for policy, program, and budget decisions that promote the well-being of all Connecticut children.

The CT Kids Report Card website functions as a centralized source of data that can be used by the public, policymakers, service providers and other partners to increase results accountability and public transparency. It is expected that the report card will help the state achieve the best results possible for all Connecticut children by answering three core RBA questions:

- How much are we doing?
- How well are we doing it?
- Is anyone better off?

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[16] Online at -- www.cga.ct.gov/app/rba/ and http://www.charteroakgroup.com/resources/index_rba.shtml
[17] *Building the CTKids Report Card*. A presentation to the Connecticut Commission on Children, September 21, 2012
[18] CTKids Report Card, September 2012. Online at -- www.cga.ct.gov/coc/reportcard.htm
[19] The Graustein Memorial Fund's Discovery Initiative is online at -- //discovery.wcgmf.org
[20] *Public Act 11-109: An Act Requiring an Annual Results-Based Accountability Report Card Evaluating State Policies and Programs Impacting Children*. Online at -- //uatext1.cga.ct.gov/kid/rba/Docs/Public%20Act%2011-109%20Children's%20Report%20Card.pdf

DCF's Contribution to Connecticut's RBA Population Results

In 2010, Connecticut's total population was estimated to be 3,574,097. Children and youth to age 18 constitute 22.4% of the total population, or about 800,600. In comparison, on any day, the Department carries about 30,000 children on its direct caseload. Importantly, while although only 4% of all Connecticut children are on the department's caseload, 100% of all children living in families where either abuse or neglect is substantiated are on the DCF caseload at any point in time. The Department has developed a set of performance measures aligned with the CT Kids Report Card RBA population indicators. These are shown below.

CT Kids RBA Report Card Results Statement Connecticut children grow up stable, safe, healthy, and ready to lead successful lives.	**DCF contribution the CT Results Statement** All children in the care and custody of DCF grow up healthy, safe, smart and strong.
CT Kids RBA Population Indicators	**DCF Strategic Plan Outcome Measures**
SAFE • Unexpected deaths • Substantiated reports of abuse and neglect • Emergency room visits for injuries • Referrals to juvenile court for delinquency	**SAFE** • Child abuse and neglect numbers and rates • Re-entry numbers and rates • Parental functioning broadly defined • Abuse identification by ER medical staff
HEALTHY • Low birth weight • Childhood obesity • Children with health insurance • Children with thoughts of suicide	**HEALTHY** • Age-appropriate development • Healthy weight • Optimal receipt of health services from prevention through treatment • Good mental health
FUTURE SUCCESS • Kindergarteners needing substantial support • Third graders at or above grade level in reading • On-time high school graduation rate • Children living in households below the Federal Poverty Line	**SMART (Future Success)** • Entry to kindergarten readiness • Reading at "goal" in 3rd grade • Grade level school performance K-12 • On-time high school graduation rate • Post-secondary training, education or employment
STABLE • Chronic absenteeism • Families without at least one parent with a full-time job • Families spending more than 30% of income on housing • Families without enough money for food	**STRONG (STABLE)** • School attendance • Multiple placements or family homelessness • Parental substance abuse, domestic violence or mental illness • Parental education level

Anchoring the 2012-2015 DCF Strategic Plan in RBA

The 2012-2015 DCF Strategic Plan is anchored in Connecticut's Results Based Accountability framework. Its purpose is to create an annually-updated, public information and accountability document that guides the work, workforce and desired performance of the Connecticut Department of Children and Families. The present administration of the Connecticut Department of Children and Families has committed to agency-wide utilization of the Results Based Accountability framework by the end of State Fiscal Year 2014.

To advance this goal, this strategic plan is organized in accord with that framework.[21] Our partners in this work include families (biological, kin, foster, and adoptive), advocates, community service and faith-based agencies, schools, courts, local police departments, hospitals, grass-roots organizations, other state and provider agencies, and children and youth themselves.

Turning the Curve

"Turning the Curve" is the language used by Results Based Accountability to describe the strategies and actions that we will take over balance of our term of service (January 2011 through December 2014) to improve outcomes for the children and families we serve. Contributing to the well-being of *all* Connecticut children requires that the Department provides necessary and effective supports for vulnerable youngsters and their families *within its statutory mandates*, and to partner with families, communities, other state agencies and the private sector in the development and delivery of services and support.

Outcomes will be measured over time and then related to the headline and secondary indicators of Connecticut's Results Based Accountability framework. It is the department's goal to generate, analyze and share data for each RBA population indicator related to the children and families we serve directly. The strategies we will employ derive from, and are directly related to, the agency's seven cross-cutting themes.

[21] The 2012-2015 Strategic Plan replaces the current *DCF Strategic Plan: 2010-2014*, for which planning began in 2007. That plan was published in 2010 and continues to be publically accessible online.